



Voter Information Request

PLEASE **PRINT** INFORMATION BELOW.

Date _____

Name _____

Address _____

_____ City State Zip

Phone Number (Home) (Work) (Other) _____

Email Address _____

Organization _____

Current Election (Daily AV)

Dates: _____ to _____

Precincts: _____

District(s): County Commissioner 11 16 20

School District Name: _____

Custom Voter Information (Past Elections)

List Election Date(s)

1. _____

2. _____

3. _____

4. _____

District(s):

County Commissioner 11 16 20

School District Name: _____

Precinct(s): _____

Age(s): _____

Other: _____

Output Format

ELECTRONIC

LABELS

Fees (\$20 deposit recommended for daily requests)

\$5.00 first electronic request (e-mail required) Daily requests: \$.50 daily

\$0.02 per label (\$10.00 minimum) Daily labels

Notes:	Clerk's Office Use Only	
	Fee Charged	\$
	Amount Paid	\$
	Balance	\$