

PUBLIC INFORMATION REQUEST

| DATE: | |
|--|---|
| YOUR NAME: | PHONE #: |
| EMAIL: | |
| COMPANY NAME: | PHONE #: |
| WHAT ARE YOU REQUESTING?: | |
| | |
| How would you like to receive | your records/ list? <u>Please check one</u> |
| E | mail Paper Copy CD |
| Which format would you like to | receive your records? <u>Please check one</u> |
| 1 | Excel Spread Sheet PDF |
| Paper list/ records are \$0.10 pe | er page. |
| Total amount for records cannot be | determined until reports are completed. |
| List/ Records on CD: \$50.00. | |
| Multiple reports or list can be placed | on the same cd. |
| WE CANNOT GIVE RE | FUNDS FOR LISTS OR CD'S; ALL SALES FINAL |
| connection with advertising or | the copy of the county voters file shall not be used in promoting commercial products or services. An offense Election Code is a Class A Misdemeanor. |
| SIGNATURE: | DATE: |