

REQUEST FOR STATEWIDE AND LESS THAN STATEWIDE VOTER LIST

Any person may obtain an electronic copy of a statewide or less than statewide voter list from the Office of the Secretary of State, Elections Division, or any county elections official. All requests for a hardcopy of a less than statewide voter list, labels, or other non-electronic formats must be made with the county elections official of each county in which voters to be listed reside.

Date of request	Telephone number (days)
Person and/or Organization making request	
Mailing address of person or organization (PO Box/ street/ route, city, county, zip code)	

Please provide the following information:

1. What information do you want included in the voter list? Please be specific.

2. Which would you prefer: tab, comma, space or semi-colon delimited?

3. Do you have any special formatting requests? If yes what are they?

4. If you have previously requested a statewide or less than statewide voter list under ORS 247.940 please provide the approximate date of when you requested it and if it was provided by the state or a county.

5. By signing below you agree not to use the statewide voter list or less than statewide voter list for commercial purposes in accordance with ORS 247.955.

Signature

Date

Note: Under ORS 247.955 a person will not be considered to use the voter list for commercial purposes if the person obtains the list of electors for the purpose of resale to candidates or political committees for political purposes only.

FOR OFFICE USE ONLY

Total Number of Records Provided: _____ Cost: _____

Format of Voter List Provided: _____

Staff person who filled request and date request was filled/ shipped _____

Fees for statewide and less than statewide voter lists, in accordance with Administrative Rule 165.002.0020.

- Complete and sign SEL 510, Customer Request Form for Statewide or less than Statewide Voter List, agreeing the voter list will not be used for commercial purposes.

FOR OFFICE USE ONLY

Cost is:

\$25.00

Staff Processing Time & Electronic Media

Type of Media: Disk E-mail Zipped file

_____ No. of voters in Report

X .025 per 100 voters (Up to a maximum of \$500, excluding a \$100 one-time fee for special formatting requests.)

\$3.00 Mailing Fee (if applicable)

Labels, \$13.00 each page (if applicable)

\$2.00 Fax Fee (if applicable)

\$100 one-time fee for special formatting (if applicable)

Copy Fee, \$.25 each page (if applicable)

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Total Fee for Statewide and less than Statewide Voter List

Deposit Paid

Balance Due

_____ Date Completed Completed by _____