



APPLICATION FOR VOTER DATA

Date: _____ Political Committee Number: _____
(If Applicable)

Candidate or Political Organization: _____

Requested By: _____

Address: _____ Phone #: (_____) - _____

_____ Email: _____

Must choose one of the following:

_____ Candidate _____ Government Entity _____ Public
_____ Political Party _____ Referenda Committee (Names & addresses only)

Must choose one from category 1 and one from either category 2A. or 2B.:

1. _____ 2A. _____ 2B. _____
_____ Printed Copy _____ Alpha List _____ Early Vote List
_____ _____ Walk List _____ Vote by Mail List
_____ _____ Labels (\$3.00/page) _____ Other: _____
_____ Flash Drive _____ Excel File* _____ Explanation of Request

*Political Party Required

Optional Data (circle all that apply):

Voter ID _____ Date of Birth _____
Precinct _____ Phone Number _____
Address _____ Email _____
Voter History _____

District(s) Requested:

_____ (e.g. County Board Dist. 1, City of DeKalb Ward 2, Sycamore City Wide etc.)

Must choose one of the following: _____ Pick-Up _____ Mailed _____ Emailed

Please Note: Each candidate or political party will receive one free file copy provided on a flash drive, per election. The flash drive will be provided by the Elections Office at no charge. All requested paper copies and subsequent requests will be charged at a cost of: Precinct \$10.00; Jurisdictional \$25.00; County Wide \$55.00 and labels are \$3.00 per page.

I, the undersigned, am aware that this data can only be used for bona fide political purposes and shall not be used, under any circumstances, for purposes of commercial solicitations or other business purposes, and that to do so may result in substantial penalties. (Chapter 10ILCS 5/4-8, and 6-35 Illinois Compiled Statutes.)

Signature: _____

For Office Use Only:

Total Due \$ _____ Date Picked Up/Mailed _____

Date Paid _____ Clerk's Initials _____