



DATA/PUBLIC RECORDS REQUEST FORM

Requestor's Name:		Date of Request: / /	
Phone/cell:	Email:	Address (if applicable):	
Printing and media fees 8.5x11 in.: \$0.05/page • CD: \$5.00 • Certificate: \$1/page • Labels: \$0.30 per label			
JOB TYPE <i>(check appropriate boxes according to request)</i>			
LABELS Style: <input type="checkbox"/> Standard <input type="checkbox"/> By Household	PAPER REPORT Fields to include: <input type="checkbox"/> Name <input type="checkbox"/> Residential Add. <input type="checkbox"/> Mailing Add. <input type="checkbox"/> Party <input type="checkbox"/> Voting History	ELECTRONIC Format of data: <input type="checkbox"/> Text File (*.txt) <input type="checkbox"/> Access (*.accdb) <input type="checkbox"/> Excel (*.xlsx) <input type="checkbox"/> PDF (*.pdf) Delivery: <input type="checkbox"/> Email file/link (free) <input type="checkbox"/> Burn on a CD	STATISTICS <input type="checkbox"/> Registration by precinct for → _____ <i>(election)</i> <input type="checkbox"/> Election by precinct for → _____ <i>(election)</i>
SELECTION CRITERIA <i>(indicate what exact data to include):</i>			
Precincts: <input type="checkbox"/> All <input type="checkbox"/> Specific (list):	Party: <input type="checkbox"/> All <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Unaffiliated	Voted in the following elections: (list below)	Age range: <input type="checkbox"/> All <input type="checkbox"/> Under 18 or invalid <input type="checkbox"/> 18-25 years old <input type="checkbox"/> 26-40 years old <input type="checkbox"/> 41-65 years old <input type="checkbox"/> Age over 65
Registration dates: <i>Begin Date -</i> <i>End Date -</i>	Gender: <input type="checkbox"/> All <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undesignated	Race: <input type="checkbox"/> All <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or more races <input type="checkbox"/> Undesignated	Ethnicity: <input type="checkbox"/> All <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Undesignated
SORT LIST/REPORT <i>(check one)</i>			
<input type="checkbox"/> Alpha by last name <input type="checkbox"/> Precinct <input type="checkbox"/> Street/house # <input type="checkbox"/> Other (describe below)			
ADDITIONAL DESCRIPTION OR SPECIAL JOB NOTES			