



Board of Elections

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| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| Date request received: | _____ |
| Date request fulfilled: | _____ |

VOTER INFORMATION REQUEST FORM

North Carolina General Statute § 163-82.10

I, the undersigned, hereby request the following voter information (check the appropriate box)

| | | |
|---|--|---|
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Voter Statistics | <input type="checkbox"/> Voter History |
| <input type="checkbox"/> Mailing List | <input type="checkbox"/> Mailing Labels | <input type="checkbox"/> Other type of request |
| <input type="checkbox"/> Political Party | <input type="checkbox"/> Democratic Voters Only | <input type="checkbox"/> Republican Voters Only |
| <input type="checkbox"/> Include all Parties | <input type="checkbox"/> Libertarian Voters Only | <input type="checkbox"/> Unaffiliated Voters Only |
| <input type="checkbox"/> Mailing Labels** | <input type="checkbox"/> By Household | <input type="checkbox"/> By Individual Voter |
| <input type="checkbox"/> Voters who voted in the following election(s) _____ | (Example May 2008) | |
| <input type="checkbox"/> All Voters | <input type="checkbox"/> Only Voters who live in the Municipality Of _____ | |
| <input type="checkbox"/> Active Voters Only | <input type="checkbox"/> Only Voters who live in _____ District _____ | |
| <input type="checkbox"/> Other - (Tell us what you need) _____ | | |

AVAILABLE DATA FIELDS - PLEASE INDICATE THE DATA FIELDS THAT YOU WANT INCLUDED IN YOUR REPORT

| | | |
|--|---|---|
| <input type="checkbox"/> Voter Registration Number | <input type="checkbox"/> Registration Date | <input type="checkbox"/> Voting Status |
| <input type="checkbox"/> Name: Last, First, Middle | <input type="checkbox"/> Name: Last, First, (separate fields) | <input type="checkbox"/> Race <input type="checkbox"/> Gender |
| <input type="checkbox"/> Voting Precinct | <input type="checkbox"/> Residential Address | <input type="checkbox"/> Mailing Address |
| <input type="checkbox"/> Phone Number (if available) | <input type="checkbox"/> Municipality | <input type="checkbox"/> |
| <input type="checkbox"/> Congressional District | <input type="checkbox"/> Superior Court District | <input type="checkbox"/> Judicial District |
| <input type="checkbox"/> NC Senate District | <input type="checkbox"/> NC House District | <input type="checkbox"/> County Commissioner District |
| <input type="checkbox"/> Include Age* | <input type="checkbox"/> Use Age Range* From: _____ To: _____ | (Example 1931 to 1950) |

** Mailing Labels are \$.03 per label or \$.90 per page (30 labels per page) - You must pay for the entire page

* Age listings will show what age the voter will be on December 31st of this year - DATES or MONTHS OF BIRTH ARE **NOT** PUBLIC RECORDS

How do you want this information and in what format?

| | | |
|--|--|--|
| <input type="checkbox"/> By Email (Free) | <input type="checkbox"/> On a Compact Disc (\$25.00) | <input type="checkbox"/> On a Flash Stick (\$ 35.00) |
| <input type="checkbox"/> Send a PDF file | <input type="checkbox"/> Send an Excel file | <input type="checkbox"/> Send as a delimited text file |
| Requester's Information: | <input type="checkbox"/> Printouts (49 pages or less \$ 3.00 - Additional pages are \$.05 each) | |

Name: (Print) _____ Telephone: _____

Address: _____ City, State & Zip: _____

Email : _____ Signature _____

Our goal is to process all requests within 48 hours of receipt. However, since the volume of requests increase during the election periods and we fill these requests on a first come, first serve basis, we ask that you allow us 72 hours to process your request.