SACRAMENTO COUNTY REGISTRAR OF VOTERS
REQUEST FOR INFORMATION

REQUEST FORM FOR VOTER FILE (MVMJ004)

Voter registration information for all registered voters is confidential and may not be disclosed except as authorized by law (California Elections Code sections 2194 and 2188.) Voter registration information is available for certain election, scholarly, journalistic, political and governmental purposes, as determined by the California Secretary of State. A county may not provide information for any political subdivision that is not wholly or partially contained within that county. All requests for voter registration information must be accompanied by a written application.
Please print:

Name of Applicant/Agent: Last First Middle				*Driver's License No. or State ID No.*
Business Address:	*City*	*State*	*Zip Code*	*Business Telephone No.*
Mailing Address: (If different from above)	*City*	*State*	*Zip Code*	*Alternate Telephone No.*
Title or Position:				
Name of Candidate/Committee/Organization				

Please be very specific, and indicate whether you are a candidate for federal, state, or local office, whether you are requesting the information on behalf of a committee for or against an initiative or referendum, for which legal publication has been made, and indicate whether the information will be used for ☐ election, ☐ scholarly, ☐ journalistic, ☐ political purposes or ☐ governmental purposes.

- I agree that the information derived from the affidavits of registration of voters will be used only for election or governmental purposes, as defined by Title 2, Division 7, Article 1, Section 19003 of the California Administrative Code;
- I agree not to sell, lease, loan or deliver possession of the registration information, or copy of thereof, or any portion thereof, to any person, organization or agency without receiving written authorization to do so from the Secretary of State of from the source agency;
- I agree, subject to provisions of Title 2, Division 7, Article 1, Sections 19001 through 19007 of the California Administrative Code, to pay the State of California, as compensation for any unauthorized use of each individual's registration information, an amount, equal to the sum of $.50 multiplied by the number of times each registration record is used by the applicant in an unauthorized manner.

Our/my <u>intended use</u> of the above requested voter registration information is as follows: (Attach additional pages or documentation if needed)

_____

_____

I certify under penalty of perjury that the forgoing information is true and correct.

Signature: _____ Date: _____

This file is password protected. To obtain the password, please provide us with an email address. If you do not provide an email address, you will not be able to access the file.

Email Address: _____

<u>FORMAT:</u>

☐ CD-ROM ☐ Emailed to: _____ ☐ FTP – Site: _____

Username: _____

Password: _____

<u>AREA:</u>

☐ Countywide

☐ District: _____ District Number (if applicable): _____

☐ Consecutive Precinct Range: _____

Would you like to include voter history? ☐ Yes ☐ No

If Yes, how would you like to see the voter history:

☐ Included with the voter file (one file)

☐ As a separate file (two files)

If Yes, how many elections: (maximum of 5)

☐ Last 5 countywide elections

☐ Specific Election(s): _____

_____

Official Use Only:

Received By: _____ Date:_____ ☐ In Person ☐ Delivery ☐ Email Total Cost: _____

Reviewed by: _____ Date:_____ Payment Received: ☐ Yes ☐ No *Receipt No.* _____

Manager Approval: _____ Date: _____ ☐ Approved ☐ Rejected Emailed request to Voters-IT on: _____ Completed on: _____