

REQUEST FOR MALHEUR COUNTY VOTER LIST

Date of Request: _____ Daytime Phone Number: _____

Person and/or Organization making request: _____

Complete mailing address of person or organization: _____

Please provide the following information:

1. What information do you want included in the voter list? Please be specific.
 - a. ☐ All Parties ☐ Republican ☐ Democrat ☐ Non-Affiliated ☐ Other Party: _____
 - b. ☐ All Precincts ☐ City of Ontario ☐ City of Nyssa ☐ City of Vale
☐ City of Adrian ☐ City of Jordan Valley ☐ Specific Precinct(s) _____
☐ Specific District _____ (i.e. school district)
 - c. ☐ Voted ☐ Not Voted Election Date: _____ (Separate List/Fee)
 - d. Other: _____
2. Do you want the list: ☐ on CD ☐ by email?
 - a. If by email, to what email address: _____
3. Which format would you prefer: ☐ tab ☐ Comma ☐ space ☐ semi-colon delimited?
4. What date would you like to have the list by? _____
(We will try to supply the list by the requested date, however, no guarantees.)
5. By signing below, you agree not to use the list(s) 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 purposes of resale to candidates or political committees for political purposes only.

FOR OFFICE USE ONLY

Total Number of Records/Lists Provided: _____

Cost: _____

Format of Voter List Provided: _____

Date Paid: _____

Delivered by Whom: _____

How Paid (cash/ck/MO/CC): _____

How Delivered: _____

Date Delivered: _____