

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 _____ Specific Precinct(s) _____

_____ City of Ontario _____ City of Nyssa _____ City of Vale

_____ City of Adrian _____ City of Jordan Valley

c. _____ Specific District _____ (i.e. school district)

d. _____ Voted _____ Not Voted Election Date: _____ (Separate List/Fee)

e. 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:_____