

PASQUOTANK COUNTY BOARD OF ELECTIONS

DATA REQUEST FORM

Print Name: _____ Request Date: _____ Total Cost: _____

Address: _____ Contact Phone #: _____

E-Mail (if applicable): _____

While our goal is to process all requests as soon as reasonably possible, requests are filled on a first-come, first-served basis. Please allow a minimum of 5 business days to process your request.

1. How would you like the data you are requesting? <u>Check one or more</u> <input type="checkbox"/> Print-out (Computer Report) \$.15/sheet <input type="checkbox"/> Copies \$.15/sheet <input type="checkbox"/> Labels (Peel off) \$.40/sheet <input type="checkbox"/> CD \$ 10.00 each <input type="checkbox"/> E-mail FREE	2. How would you like the data organized? <u>List order:</u> (Specify) <input type="checkbox"/> By Alphabetical voter <input type="checkbox"/> By Alphabetical street (walking list) <input type="checkbox"/> Individual precincts <input type="checkbox"/> Individual wards
3. Type of Request: <input type="checkbox"/> Voter Registration – (complete #4, 6 & 7) <input type="checkbox"/> Voter History – (complete #4, 5 & 6) <input type="checkbox"/> Voter Statistics – (complete #4 & 6)	
4. What district or precinct information are you looking for? <input type="checkbox"/> Entire County <input type="checkbox"/> Municipal Only <input type="checkbox"/> County Commissioner District: _____ <input type="checkbox"/> Board of Education District: _____ <input type="checkbox"/> Precincts _____ <input type="checkbox"/> Ward _____ <input type="checkbox"/> NC House District 1 st or 5 th _____ <input type="checkbox"/> US House District 1 st or 3 rd _____	5. FOR VOTER HISTORY ONLY <u>Election Type</u> <u>Enter Election Year(s) Needed</u> <input type="checkbox"/> Primary _____ <input type="checkbox"/> 2 nd Primary _____ <input type="checkbox"/> General _____ <input type="checkbox"/> Municipal _____ <input type="checkbox"/> Run-Off _____
6. Information can include or be limited to any of the following: <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Age: ____ or Range from ____ to ____ <input type="checkbox"/> Party: <input type="checkbox"/> Dem <input type="checkbox"/> Rep <input type="checkbox"/> Una <input type="checkbox"/> Lib <input type="checkbox"/> Race _____ <input type="checkbox"/> Gender _____ <input type="checkbox"/> Active Voters <input type="checkbox"/> Inactive Voters <input type="checkbox"/> Phone Numbers	7. Additional comments or requests (if applicable):

Payment type: Cash (exact amount please)
 Check or Money Order (made payable to **'Pasquotank County'**)

Acknowledgment of receipt of data:

Signature: _____ Date: _____