

APPLICATION FOR VOTER REGISTRATION INFORMATION

Pursuant to Election Code Sections 2187, 2188, and 2194, voter registration information is available to persons or groups for election, scholarly, journalistic, political, or governmental purposes as determined by the Secretary of State. All requests to view, purchase, or use voter registration information must be accompanied by a written application.

PLEASE PRINT IN INK OR TYPE

Name _____
First Middle Initial Last

Driver's License Number: _____ State: _____ Date of Expiration: _____

Complete Residence Address:

Number Street Name
() _____
Telephone number City State Zip Code

If no street address, give postal mailing address and describe location of residence

Mailing Address

Location of Residence

Complete Business Address:

Number Street Name
() _____
Telephone number City State Zip Code

If no street address, give postal mailing address and describe location of business

Mailing Address

Location of Business

If this application is on behalf of any person or persons other than the applicant, this section must be completed.

Name of person or group requesting voter information

Complete Business Address:

Number Street Name
() _____
Telephone Number City State Zip Code

Name of person authorizing or requesting this application

THIS SECTION MUST BE COMPLETED

Specific information requested _____

Intended use of voter registration information: _____

The aforementioned voter registration information set forth in affidavits of registration or derived from computer terminals, electronic data processing tapes or disks, printed labels and/or computer printed listings will be used only for election, scholarly, journalistic, political or governmental purposes as determined by the Secretary of State. The information (or a portion or copy thereof) will not be sold, leased, loaned or given to any person, organization or agency, without first receiving written authorization to do so from the Secretary of State or the county elections official. I certify, under penalty of perjury, that all information on this form is true and correct under the laws of the State of California.
PLACE: Woodland, CA

Signature (Full Name): _____ Date: _____