



Yolo County Elections Request for Non-Confidential Information



CONTACT INFORMATION TO SEND REQUESTED INFORMATION

| | | | |
|---------------------|--------------|--------|------|
| Name of Applicant | First | Middle | Last |
| Email Address | Phone Number | | |
| Applicant's Address | City | State | Zip |

DATA FILTER

DISTRICT NAME, IF ANY:

DATA TYPE

| | | | | |
|---|---|-----------------|-------------|----------|
| <input type="checkbox"/> INDIVIDUAL VOTER LOOKUP FOR NON-CONFIDENTIAL INFORMATION | Number of Name(s) Requested on Reverse Side | _____ | x \$0.00 | \$0 |
| <input type="checkbox"/> MAPS – SHAPEFILES FOR GIS IMPORT | Number of Shapefiles: | _____ | x \$0.00 | \$0 |
| <input type="checkbox"/> MAPS - PAPER | Number of Printouts: | _____ | x \$6.00 | _____ |
| <input type="checkbox"/> Precincts by city only, specify above | | | | |
| <input type="checkbox"/> Precincts County-wide | | | | |
| <input type="checkbox"/> Specify Precinct Type: | <input type="checkbox"/> Regular/Home Precincts | | | |
| | <input type="checkbox"/> Election-specific Consolidated Precincts | Which Election? | | _____ |
| <input type="checkbox"/> REPORTS FROM DATABASE | | | | |
| <input type="checkbox"/> PRECINCT-DISTRICT FILE (PDMJ001) | | | | |
| <input type="checkbox"/> STREET INDEX (SGMJ001) | | | | |
| <input type="checkbox"/> ELECTION-SPECIFIC VOTING PCT/REGULAR PCT/BALLOT TYPE (EWMJ034) | | | | |
| <input type="checkbox"/> OTHER: _____ | | | | |
| | Number of Reports: | _____ | x \$130.00 | _____ |
| | | | Total Cost: | \$ _____ |

PROCESSING

| | | |
|-------------------------------|-----------------------|-------------------|
| Order Intake by: _____ | Date: _____ | Time: _____ |
| Prepared by: _____ | Date: _____ | Time: _____ |
| Received by: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> PAID | RECEIPT NUMBER: _____ | STAFF NAME: _____ |



Yolo County Elections

Non-Confidential Information for Specific Voters



| Single Voter Look-up for non-confidential information EC §2188, §2194 | | | | | | |
|---|-----------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Voter(s) to be looked up | | Checkmark the public information you are requesting | | | | |
| Name | Birthday, if known | Registered Name | City/ Uninc. | Birth- date | Party Affiliation | Affiliation History |
| 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |