



ST. LUCIE COUNTY SUPERVISOR OF ELECTIONS

Request for Acquisition of Registered Voter Information

Amount Due: \$ _____
Receipt # _____
Check # _____

PLEASE PRINT:

Requestor: _____ Date: _____
Address: _____ Phone: _____
_____ eMail: _____

REPORT FORMAT (select one): Lists Labels (1" x 4") Text File

SORT ORDER (select one): Alpha Precinct Alpha Precinct Street Household

DISTRICT/PRECINCT SELECTION (select one): Congressional _____ House _____ Senate _____
 City _____ Precincts _____

VOTER INFORMATION (select all that apply): Registration Date – from _____ to _____

Party Affiliation: All Democrat Republican Nonpartisan Other: _____

Ethnicity: All White Black Hispanic Other: _____

Gender: All Male Female **Age Range** – from _____ to _____

Voting History: Any All **How Voted:** At Polls By Mail Early

Specify Election(s): _____

Vote-by-Mail Voters (select one): Permanent File Specified Election: _____

NOTES: _____

Picked up by: X _____
SIGNATURE OF PERSON REQUESTING INFORMATION DATE

Released by: X _____
SIGNATURE OF ELECTIONS STAFF RELEASING INFORMATION DATE

PAYMENT: All orders are to be paid for in full at the time of order pickup. Method of payment for **Candidates must be made by campaign check. Cash will not be accepted for any order.** Any bills left unpaid, or checks returned due to insufficient funds, will be submitted to the County Attorney for collection.

When requesting a Text File, please be sure to have someone who is familiar with converting the raw data into Excel or Access Database.