



APPLICATION FOR COUNTY VOTER REGISTRATION COMPUTERIZED DATA

(VRG-24)

State Form 48648 (R4 / 10-13)

Approved by State Board of Accounts for Miscellaneous Counties, 2013
Indiana Election Commission (IC 3-7-27-6; 3-14-6-2)

INSTRUCTIONS: Mail / Bring this completed form and payment to the county voter registration office.

I request a copy of the county computerized voter registration information in accordance with Indiana Code 3-7-27-6. The entity purchasing this information is *(check one)*:

- A central committee of a major political party.
- An organization of a bona fide political party that is not a major political party. This party has at least two (2) candidates on the ballot at the next election.
- A committee of an independent candidate for federal or state office. This candidate is on the ballot at the next election.
- News media and will use this data for news broadcasting or publishing or otherwise in compliance with IC 3-7-27-6(d).
- Other *(please specify)* _____

I understand that the county cannot warrant the accuracy or completeness of the data. I agree that:

- (1) I will not use this data to solicit merchandise, goods, services, or subscriptions for a purpose other than political activities or political fundraising activities.
- (2) I will not sell, loan, give away or otherwise deliver to any other person *(as defined by IC 5-14-3-2)* for a purpose other than political activities or political fundraising activities.

Indiana Code 3-14-6-2 provides: (a) This...does not apply to: (1) political activities; or (2) political fundraising activities. (b) A person who uses voter registration information... to solicit the sale of merchandise, goods, services, or subscriptions commits a Class B infraction...(d) A person who: (1) has previously received a judgment for committing an infraction under this section; and (2) knowingly or intentionally uses voter registration information in violation of this section; commits a Class A misdemeanor.

Signature of Applicant	Printed Name of Applicant
Address of Applicant <i>(City, State, ZIP Code)</i>	Telephone Number

I enclose a check for \$ _____ payable to _____.
(insert required amount)

Approved Denied _____ COUNTY DATE ____/____/____
voter registration office

Signature of Voter Registration Official	Signature of Voter Registration Official
Printed name of Voter Registration Official	Printed name of Voter Registration Official

OFFICE USE ONLY:

- County-Wide Township Precinct Vote History/Voter Registration/Walking List
- (circle applicable items)*

Received by Applicant DATE ____/____/____



REQUEST FOR COUNTY VOTER REGISTRATION COMPUTERIZED DATA

Please fill out the following form with what information you are requesting, method and timeframe you would like the information. The VRG-24 form MUST be filled out and payment must be made PRIOR to receiving information.

TYPE OF INFORMATION:

- Current list of Registered Voters (Alphabetically)
 - With Vote History
 - Entire County
 - Precinct(s) or District _____
- Walking List of Registered Voters w/ Vote History (By Street)
 - Entire County
 - Precinct(s) or District _____
- Mailing Labels (by each VOTER only, not HOUSEHOLD)
 - Entire County
 - Precinct(s) or District _____
- Absentee Ballot Report
 - Once
 - Weekly from _____ to _____
- Other, Please Specify: _____

TYPE OF REPORT:

- Microsoft Excel
- Adobe Reader
- Data Extract

METHOD OF RECEIVING INFORMATION & COST FOR ABOVE REPORTS:

- CD - \$5.00
- LABELS (Sheet of 30)- \$.25 per page
- PRINTED PAGES - \$.10 per page
- YOUR OWN CD OR FLASH DRIVE – No Cost
- EMAIL – No Cost

TIMEFRAME:

- ASAP
- Date: _____

SPECIFIC INSTRUCTIONS/OTHER REQUESTS (Copies of pages from candidate files are only able to be copied at \$.10 per page):

CONTACT INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____

Signed: _____ Date: _____