

# ST. LUCIE COUNTY SUPERVISOR OF ELECTIONS

## Request for Acquisition of Registered Voter Information

Amount Due: \_\_\_\_\_

PLEASE PRINT:

Receipt No.: \_\_\_\_\_

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Report Format - Select ONE:  Lists  Labels (2 across / 1" x 4")  CD/Diskette  Email

Sort Order - Select ONE:  Alpha  Pct. Alpha  Pct. Street (Walking)  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 - Must have history in:  Any  All How voted:  At Polls  Absentee  Early

Specify Election(s): \_\_\_\_\_

Absentee Voters - Select ONE:  Permanent File  Specified Election: \_\_\_\_\_

Notes:

---

---

---

---

---

---

---

---

Picked up by: \_\_\_\_\_  
*Signature of person receiving order* *Date Received*

Released by: \_\_\_\_\_  
*Signature of elections staff releasing order* *Date Received*

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