



City Clerk's Office  
 500 W. Big Beaver  
 Troy, Michigan  
 248-524-3316

## REQUEST FOR VOTER INFORMATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_ (City) (State) (Zip)

**Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Other: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Election (Daily AV)**

<u>AV Applications</u>	<u>AV Ballots</u>	<u>Dates:</u> _____ to _____
<input type="checkbox"/> Sent	<input type="checkbox"/> Sent	<u>Precincts:</u> _____
<input type="checkbox"/> Received	<input type="checkbox"/> Received	<u>District(s):</u> <input type="checkbox"/> School <input type="checkbox"/> County Commissioner
		<u>Name:</u> _____ <u>Number:</u> _____

**Custom Voter List (Historical Election Info.)**

<u>List Election Date(s)</u>	<u># of Records</u>	<u>Districts:</u>
1.		<input type="checkbox"/> School: _____
2.		<input type="checkbox"/> County Commissioner: <input type="checkbox"/> 11 <input type="checkbox"/> 16 <input type="checkbox"/> 20
3.		<u>Precinct(s):</u> _____
4.		<u>Age(s):</u> _____ <u>Other:</u> _____

Output Format	Fees	Notes
<input type="checkbox"/> ELECTRONIC	\$5.00 per electronic request (e-mail required) <input type="checkbox"/> Daily requests: \$ .50 each request	
<input type="checkbox"/> CD	\$5.00 each CD	
<input type="checkbox"/> LABELS	\$0.02 per label; \$10.00 minimum <input type="checkbox"/> Daily labels	
<input type="checkbox"/> LISTING	\$5.00 per 1,000 (names or addresses) <input type="checkbox"/> Daily lists: \$ .25 each page	

**Sort Options- (Custom Voter Lists ONLY)**

<u>Listing</u>	<u>Labels</u>	
<input type="checkbox"/> Last / First / Middle	<input type="checkbox"/> Last / First / Middle	<b>Sub Total: \$</b>
<input type="checkbox"/> Address / Last / First / Middle	<input type="checkbox"/> Zip Code/Last/First/Middle	(Less Deposit): \$
<input type="checkbox"/> Year of Birth / Last / First / Middle	<input type="checkbox"/> Households by Zipcode	<b>Amount Due: \$</b>
<input type="checkbox"/> Registration Date/Last/First/Middle		
<input type="checkbox"/> Zip Code / Last / First / Middle		