

COUNTY OF ELBERT

Amy L. Fordyce

CLERK & RECORDER
P.O. BOX 37
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303-621-3116 FAX: 303-621-3168

REQUEST FOR VOTER REGISTRATION/MAIL – IN BALLOT REPORT

- Voter Lists will be ready for pickup or mail out no earlier than 24 hours after the set up fee is received
- Minimum amount or set up fee is due when the order is placed. Balance must be paid upon pickup.
- Personal or business checks are accepted.

PLEASE FILL IN INFORMATION REQUESTED

Name/Contact: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Delivery Option:

I would prefer my request be delivered by:

_____ Mail _____ E-mail _____ Picked up in person

Price List:

ITEM TYPE	ITEM DESCRIPTION	SET-UP	COST/NAME	OTHER COST
Standard Report	Voter Export-Menu Item (CD)	\$25.00	.01	\$3.00(CD)
Standard Report	Voter List-Menu Item (Hard Copy)	\$25.00	.01	
Standard Labels	Voter Labels-Menu Item	\$25.00	.02	
Custom Labels	Voter Labels	\$75.00	.02	
Custom Report	Voter Export- (CD)	\$75.00	.01	\$3.00(CD)
Custom Report	Voter List- (Hard Copy)	\$75.00	.01	
Any Report	Certification			\$1.00

REPORTS

- _____ Registered Voters
_____ Voter History
_____ Walking Voter List (door to door)
_____ Mail – In Ballot
_____ Early Voting
_____ Custom (Please contact the Election Dept. Staff)

*All reports are in a PDF format

*All standard exports are in a comma delimited format.

LABELS

_____ Household Labels
_____ Voter Labels
_____ Absentee Labels

Selection Criteria:

Sort Order (number 1-4):

____ Name ____ Residents ____ Party ____ Precinct

For the following criteria please check all that you would like to appear on your report/labels:

Status: ____ Active ____ In-Active ____ Both

Party(s): ____ Democrats ____ Republican ____ Unaffiliated
 ____ Others ____ All

District(s): _____

Precinct(s): _____ Specific ____ All

Voting (list what election, 1990 Primary-current year. Note no data is available for the 2002 Primary):

- Year(s) (maximum of 5) _____
- Method: ____ At poll ____ Absentee ____ Early ____ Provisional ____ All

ALL REQUESTS – 24 HOUR TURNAROUND FROM SET UP PAYMENT DATE

Please sign below if the above information is correct.

Signature: _____ **Date:** _____