

FREEDOM OF INFORMATION REQUEST FORM VOTER REGISTRATION DATA ON DISK/E-MAIL

DATE OF REQUEST: _____

INFORMATION REQUESTED: Describe information requested in detail or give the name of document if known.

ORGANIZATION NAME: _____

REQUESTED BY: _____

ADDRESS: _____

TELEPHONE NO.: (_____) _____

**PRICE
LIST
(USB Only)**

Lincoln.....	5.00	Single Precinct.....	5.00
Ypsilanti		Commissioner	
Community.....	5.00	Districts.....	5.00
Van Buren	5.00	Registered Voters.....	10.00
Absentee Voters.....	5.00	Custom Sort.....	10.00

FOR OFFICE USE ONLY

DATE RECEIVED: _____ REQUEST VERIFIED: ____ YES ____ NO

REQUEST MADE BY: ____ E-Mail ____ Mail ____ Fax ____ In Person

RECEIVED BY: _____ DEPARTMENT: _____

PREPARED BY: _____ FEE: _____