



VOTER REGISTRATION REPORT ORDER FORM

STATE OF IDAHO OFFICE OF THE SECRETARY OF STATE

Phil McGrane
Office: (208) 334-2852
Fax: (208) 334-2282

700 W Jefferson, ste E-205
PO Box 83720
Boise, Idaho 83720-0080

FILE TYPE INFORMATION

You will receive a .CSV text file or a printed report, as selected below. Physical media will be mailed to the mailing address entered below.

REQUESTING PARTY

Name	Phone
Email Address	

Receiving Party (If different than requesting party)

Name	Phone
Email Address	

Mailing Address (If requesting physical media)

Street Address	City	State	Zip Code
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REPORT DETAILS

Report Type (Select one) <input type="checkbox"/> Voter Registration Information (\$20/report) <input type="checkbox"/> Voter Registration Information <u>AND</u> Voter History (\$20/report) <input type="checkbox"/> Absentee Ballot Report (\$10/report)	Output Media (Select One) <input type="checkbox"/> Download Link (Sent to the above email address) <input type="checkbox"/> USB Flash Drive <input type="checkbox"/> Printed Report (Additional cost of \$0.25 per page)
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Scope of Report (Select one)

<input type="checkbox"/> Statewide	<input type="checkbox"/> 1st Congressional District	<input type="checkbox"/> 2nd Congressional District	<input type="checkbox"/> Legislative District: _____ <i>Enter the District Number(s) 1 - 35</i>
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Report Frequency

<input type="checkbox"/> Daily (Reports run Monday – Friday)
<input type="checkbox"/> Weekly on: (Check the day(s) of the week below) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Date Range

If requesting a single date, only enter the Start Date

Start Date:	End Date:
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ACKNOWLEDGEMENT

Pursuant to Section 34-437A(3), Idaho Code:

"No person to whom a list of statewide electors is furnished and no person who acquires a list of statewide electors prepared from such list shall use any information contained therein for the purpose of mailing or delivering any advertisement or offer for any property, establishment, organization, product, or service or for the purpose of mailing or delivering any solicitation for money, services, or anything of value. Provided however, that any such list and label may be used for any political purpose."

I have read the statutory prohibitions concerning the use of any information contained in the list of registered electors of the State of Idaho, and I understand that by submitting this form the information provided will become public record.

Signature:	Date:		
Printed Name:	Phone:		
Street Address	City	State	Zip Code

Electronic Signature (If signing electronically you must complete this acknowledgement)

☐ I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624, Idaho Code.