

MARIN COUNTY APPLICATION TO PURCHASE VOTER REGISTRATION INFORMATION

PLEASE COMPLETELY fill in form and print out. If completing by hand, **PLEASE PRINT**

The below-named applicant hereby applies to the County of Marin, in compliance with rules and regulations set forth by the State of California,

CONTACT INFORMATION

Full name of applicant		Driver license number / DVM ID (include state if not CA)		
Applicant's phone	Applicant's email	Alt email(s) that should have access to the data on the Election Dept. upload site		
Applicant's address	City	State	Zip	
Applicant's business/mailling address (if different from above)	City	State	Zip	
If applicable, the full name of the beneficiary, i.e., person, business, organization, company, committee, association, or group requesting the voter registration information		Beneficiary's phone		
Beneficiary's mailing address	City	State	Zip	Name of the person authorizing the applicant to obtain the voter registration information

REQUESTING QUALIFICATIONS

<p>What type(s) of business, organization, or committee do you represent?</p> <p><input type="checkbox"/> Election - Candidate/Committee <input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Media <input type="checkbox"/> Private Vendor</p> <p><input type="checkbox"/> Political Party <input type="checkbox"/> Governmental</p> <p><input type="checkbox"/> Other _____</p>	<p>For what purpose(s) are you requesting this information?</p> <p>Marin Candidate(s) (list all) _____ <input type="checkbox"/> Political Research</p> <p>_____ <input type="checkbox"/> Scholarly Research</p> <p>Proposed Marin ballot measure(s) (list each) _____ <input type="checkbox"/> Initiative / Referendum</p> <p>_____ <input type="checkbox"/> Recall</p> <p>_____ <input type="checkbox"/> Governmental</p> <p><input type="checkbox"/> Other _____</p>
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Explain in detail (1) your intended use of this information and (2) how the information will be maintained securely and confidentially. If more space is needed, continue on another sheet of paper.

REQUESTED VOTER INFORMATION

<input type="checkbox"/>	Registered Voters File <small>(report tab de-limited text file)</small>	Requested District/Precinct: _____	
	Optional history:	<input type="checkbox"/> 5 elections (Single file, standard is the last 5 countywide elections, or you can specify any 5 elections on District / Precinct line above)	<input type="checkbox"/> All elections (2 separate files)
<input type="checkbox"/>	District to Precinct Cross Reference		
<input type="checkbox"/>	PDF -or- Text File	Requested District: _____	
<input type="checkbox"/>	Vote By Mail Ballots Issued <small>(report tab de-limited text file)</small>	Requested District/Precinct: _____	
<input type="checkbox"/>	Vote By Mail Ballots Returned <small>(report tab de-limited text file)</small>	Requested District/Precinct: _____	
<input type="checkbox"/>	List of Challenged Returned Vote By Mail Ballots <small>(report PDF, not editable)</small>	Requested District/Precinct: _____	
<input type="checkbox"/>	Walking List <small>(report PDF, not editable)</small>	Requested District/Precinct: _____	
<input type="checkbox"/>	Alphabetical List of Voters <small>(report PDF, not editable)</small>	Requested District/Precinct: _____	
<input type="checkbox"/>	Registration Data for a Single Voter - Please specify the following information for the voter: full name, date of birth, and residence address. (report PDF or redacted photocopy, not editable)		

AGREEMENT - All information furnished on this application is subject to verification.

<input type="checkbox"/>	Applicant and beneficiary, if applicable, hereby agree that the information set forth in the voter registration records will be used for the approved purposes, consistent with state law, as defined by Elections Code section 2194, California Code of Regulations section 19003, and Government Code section 6254.4.
<input type="checkbox"/>	Applicant and beneficiary, if applicable, further agree not to sell, lease, loan, or deliver possession of the registration information, or a copy thereof, or any portion thereof, in any form or format, to any person, organization, or agency without first submitting a new application and receiving written authorization from the Secretary of State to release such registration information.
<input type="checkbox"/>	Applicant and beneficiary, if applicable, agree to maintain information in a secure and confidential manner and notify the Secretary of State immediately of any violation or breach.
<input type="checkbox"/>	Applicant and beneficiary, if applicable, understand that it is a misdemeanor for a person in possession of voter registration information to use or permit the use of all or any part of the information for any purpose other than as permitted by law. (Elections Code section 18109)
<input type="checkbox"/>	Applicant and beneficiary, if applicable, agree to pay to the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to the sum of fifty cents (\$.50) multiplied by the number of times each registration record is used by the applicant and/or the beneficiary, if applicable, in an unauthorized manner. (California Code of Regulations sections 19001-19009)

DECLARATION: I certify under penalty of perjury, under the laws of the State of California, that all of the information provided on this application is true and correct.

_____ SIGNATURE OF APPLICANT	_____ DATE	_____ CITY, STATE, ZIP DECLARATION SIGNED
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