## 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**

			<u> </u>				
Full name of applicant			Driver license number / DVM ID (include state if not CA)				
Applicant's phone	Applicant's email	Alt	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/mailing address (if different from above)		City			State	Zip	
If applicable, the full name of the beneficia	ary, i.e., person, business, organization, company, co	mmittee, association, o	or group requestir	ng the voter registration information	Beneficiary	's phone	
Beneficiary's mailing address	City	State	Zip	Name of the person authorizing	the applicant to obt	ain the voter registration information	
	RE	QUESTING QU	ALIFICATIO	NS			
What type(s) of business, organization, or committee do you represent?			For what purpose(s) are you requesting this information?				
Election - Candidate/Committee	Academic	N	Marin Candidate(s	s) (list all)		Political Research	
Media	Private Vendor					Scholarly Research	
Political Party	Governmental	-	Proposed Marin ballot measure(s) (list each)	allet maggirg/a\ /ligt aggh\		Initiative / Referendum	
				allot measure(s) (list each)		Recall	
Other						Governmental	
			Other				
Explain in detail (1) your intended	use of this information and (2) how the inform	nation will be mainta	ained securely	and confidentially. If more space is	needed, contin	ue on another sheet of paper.	

## REQUESTED VOTER INFORMATION

Registered Voters File		
(report tab de-limited text file) Requested District/Precinct:		
Optional history: 5 elections (Single file, standard is the last 5 countywide elections, or	or you can specify any 5 elections on District / Precinct line above)	All elections (2 separate files)
District to Precinct Cross Reference		
PDF -or- Text File Requested District:		
Vote By Mail Ballots Issued		
(report tab de-limited text file) Requested District/Precinct:		
Vote By Mail Ballots Returned		
(report tab de-limited text file) Requested District/Precinct:		
List of Challenged Returned Vote By Mail Ballots		
(report PDF, not editable) Requested District/Precinct:		
Walking List		
(report PDF, not editable) Requested District/Precinct:		
Alphabetical List of Voters		
(report PDF, not editable) Requested District/Precinct:		
Registration Data for a Single Voter - Please specify the following information for the voter: full name, dat	e of birth, and residence address. (report PDF or redacted photocopy	, not editable)
AGREEMENT - All information furnished on	this application is subject to verification.	
Applicant and beneficiary, if applicable, hereby agree that the information set forth in the voter registration Code section 2194, California Code of Regulations section 19003, and Government Code section 6254		ith state law, as defined by Elections
Applicant and beneficiary, if applicable, further agree not to sell, lease, loan, or deliver possession of th organization, or agency without first submitting a new application and receiving written authorization fro		
Initial		
Applicant and beneficiary, if applicable, agree to maintain information in a secure and confidential manr	ner and notify the Secretary of State immediately of any violation	or breach.
Applicant and beneficiary, if applicable, understand that it is a misdemeanor for a person in possession purpose other than as permitted by law. (Elections Code section 18109)	of voter registration information to use or permit the use of all or	any part of the information for any
Applicant and beneficiary, if applicable, agree to pay to the State of California, as compensation for any (\$.50) multiplied by the number of times each registration record is used by the applicant and/or the beautiful control of the control of t	vunauthorized use of each individual's registration information, a neficiary, if applicable, in an unauthorized manner. (California Cc	n amount equal to the sum of fifty cents de of Regulations sections 19001-19009)
DECLARATION: I certify under penalty of perjury, under the laws of the State of Co	alifornia, that all of the information provided on this applica	ation is true and correct.
SIGNATURE OF APPLICANT	DATE CITY, ST.	ATE, ZIP DECLARATION SIGNED