

APPLICATION: CALIFORNIA VOTER REGISTRATION FILE REQUEST



SECRETARY OF STATE
 Elections Division
 1500 11th Street, 5th Floor
 Sacramento, CA 95814
 (916) 657-2166 / www.sos.ca.gov

CONTACT INFORMATION

Full name of applicant	If applicable, the full name of the beneficiary, i.e., business, organization, or committee		
Applicant's phone	Applicant's email		
Applicant's business address (street name and number)	City	State	Zip
Applicant's mailing address (if different than above)	City	State	Zip
Beneficiary's (business, organization, or committee) business address	City	State	Zip

REQUESTING QUALIFICATIONS

What type(s) of business, organization, or committee do you represent?

- | | |
|---|---|
| <input type="checkbox"/> Political Campaign/Committee
<input type="checkbox"/> Media
<input type="checkbox"/> Legal
<input type="checkbox"/> Investigation | <input type="checkbox"/> Academic
<input type="checkbox"/> Private Vendor
<input type="checkbox"/> Governmental
<input type="checkbox"/> Other (specify) _____ |
|---|---|

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.

For what purpose(s) are you requesting this information?

California candidate(s) (list each) _____ _____	Proposed California ballot measure(s) (list each) _____ _____
<input type="checkbox"/> Political Research <input type="checkbox"/> Scholarly Research <input type="checkbox"/> Initiative/Referendum	<input type="checkbox"/> Recall <input type="checkbox"/> Governmental <input type="checkbox"/> Other _____

ORDER FORM

All applications must be received with an original signature, a clear copy of applicant's current valid driver license or state identification card, any accompanying documentation, and payment before the application will be reviewed. Applications must be hand-delivered or mailed to the Secretary of State at 1500 11th Street, 5th Floor, Sacramento, CA 95814. Applications will not be accepted by fax or email.

Data Format

The data is sent on an encrypted DVD in three plain text tab-delimited files. In many cases, the file is too large to save on a DVD; therefore, our office uses WinZip to compress the files onto one disk. Since voter registration data can be large and exceed record limitations of many applications, it is strongly suggested that you use a large database system to open and compile this information. In most cases, you will not be able to open this information with MS Excel or MS Access. Requests for specific voter records are sent by email in an encrypted WinZip attachment. The Secretary of State is not responsible for end-user technical support for processing data (text) files and does not provide training or assistance on converting the data for usage. Once data has been extracted and sent to the applicant, no refunds will be issued.

Type of Data Requested

Would you like available Voting History data included? Yes No

Would you like Precinct to District data included? Yes No

For what location(s) do you want registration information?

- State
- County (or counties): _____
- Specific voter records. Up to 10 per application. Please fill out record details in the next section (full name, date of birth, and county of residence, address, etc.)
- Other _____

NOTE: Please allow 7-14 business days to process the data once an application has been submitted and approved.

SHIPPING INFORMATION

Ship to (full name) Phone

Address

City State Zip

Ship via:

- US Mail (no fee) Pick Up at SOS Office Other* _____
- (no fee)

*Include proper forms/labels and additional fee.

SPECIFIC VOTER RECORDS

If requesting specific voter records, please specify the following information for the voter(s) below. The Secretary of State will ONLY use the exact information provided: full name, date of birth, county of residence, and residence address.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

AGREEMENT

All information furnished on this application is subject to verification.

Initial here

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.

Initial here

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.

Initial here

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.

Initial here

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)

Initial here

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)

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.

Executed at:

Signature of applicant or beneficiary

Date

City

State

Zip

Print name of applicant or beneficiary

Driver license number (include state if not CA)

Residence address

City

State

Zip

Title or position

Email address

Home phone

Mobile phone