

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> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Election - Candidate/Committee</td> <td><input type="checkbox"/> Academic</td> </tr> <tr> <td><input type="checkbox"/> Media</td> <td><input type="checkbox"/> Private Vendor</td> </tr> <tr> <td><input type="checkbox"/> Political Party</td> <td><input type="checkbox"/> Governmental</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Election - Candidate/Committee	<input type="checkbox"/> Academic	<input type="checkbox"/> Media	<input type="checkbox"/> Private Vendor	<input type="checkbox"/> Political Party	<input type="checkbox"/> Governmental	<input type="checkbox"/> Other _____		<p>For what purpose(s) are you requesting this information?</p> <p>Marin Candidate(s) (list all) _____</p> <p>Proposed Marin ballot measure(s) (list each) _____</p> <p><input type="checkbox"/> Other _____</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Political Research</td> </tr> <tr> <td><input type="checkbox"/> Scholarly Research</td> </tr> <tr> <td><input type="checkbox"/> Initiative / Referendum</td> </tr> <tr> <td><input type="checkbox"/> Recall</td> </tr> <tr> <td><input type="checkbox"/> Governmental</td> </tr> </table>	<input type="checkbox"/> Political Research	<input type="checkbox"/> Scholarly Research	<input type="checkbox"/> Initiative / Referendum	<input type="checkbox"/> Recall	<input type="checkbox"/> Governmental
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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.

