

REQUEST FOR VOTER REGISTRATION INFORMATION

City:	
City	Zip:
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	Date
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you are request party, voter history, e	_
	promoting commercial produced, do state that these files of the requested voter file ation List. Description requests must be prepaid)

*All files requested will be in Excel format and will include voter history from the last 40 elections unless otherwise specified.

You may send this request by mail, fax, or email to:

Dallas County Elections

Attention: Voter Registration Department

2377 North Stemmons Freeway, Suite 820 Dallas, Texas 75207

Phone: 214 - 819 - 6389 Fax: 214 - 819 - 6301

rlopez@dallascounty.org