



REQUEST FOR VOTER REGISTRATION INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

(Please allow 72 hour response time for your request.)

Use of information from these files in connection with advertising or promoting commercial products or services is an offense under sections 18.009 and 18.067 of the Texas Election Code. I, the undersigned, do state that these files will not be used for such purposes.

NOTE: You will be sent a price quote via email before the purchase of the requested voter file. Your cash payment must be the exact amount of the cost. You may also choose to pay by check or debit/credit card.

Signature

Date

Description of the file you are requesting

(Example: district, precinct, election, party, voter history, etc.):

*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
1520 Round Table Drive, Dallas, Texas 75247
Phone: 469 - 627 - VOTE (8683) Fax: 214 - 819 - 6307
dallascountyvotes@dallascounty.org