

PEORIA COUNTY BOARD OF ELECTION COMMISSIONERS

4422 N Brandywine Dr., STE 1 · Peoria, IL 61614

Phone: 309.324.2300 Website: www.peoriaelections.org

DATA REQUEST FORM

DATE: _____ NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CHECK ONE: I will pick up order. Send order to above address E-mail to above

Send order to following address: _____

E-mail to: _____

VOTER REGISTRATION INFORMATION

Information Requested: _____

Medium: Paper (\$.50 per page over 50 pages) CD E-mail

Additional Instructions: _____

Note: Payment must be received prior to order being fulfilled.

CERTIFICATION (MUST SIGN AFFIDAVIT)

I, _____, on behalf of _____
(Name of Applicant) (Name of Political Committee)

do hereby request copies of computer-generated media containing voter registration for the _____
(Districts or Areas) in the County of Peoria, be furnished by the

Peoria County Board of Election Commissioners pursuant to the provisions of 10 ILCS 5/6-35. I hereby acknowledge receipt of the Peoria County Board of Election Commissioners Rules and Information concerning computer-generated media requests, and I further swear or affirm and certify, under the penalties of perjury, that the information shall be used for bona fide political purposes only.

Signature

Print Name and Title

Date

Office Use Only: _____

Updated 12/30/2015