SAN BERNARDINO COUNTY

Registrar of Voters

Application for Voter Registration Information

(See California Elections Code §§2188, 2188.3, 2188.5, 2194, 18109, 18110, 18540;
California Government Code §§7924.000-7924.005; California Code of Regulations §§19001-19013)

1. Personal information

Name: _____
                Last Name   *First Name*   *Middle Initial*

Driver's License or ID:_____
                Number   *State*   *(Verified by)*

Residence Address: _____
       Number/Street   *City*   *State*   *Zipcode*

Business Address: _____
       Number/Street   *City*   *State*   *Zipcode*

Phone Number: _____   _____
                Personal   *Business*

2. If this request is on behalf of another person or organization, complete this section

Organization: _____

Mailing Address: _____

Person Authorizing Request: _____ **Phone Number:** _____

3. Statement of Intended Use

Intended Use of Information Requested: _____

_____

I certify, under penalty of perjury, that the information provided in this application is true and correct. I further agree that the information obtained:

- Shall be used for election, political, scholarly, journalistic or governmental purposes only.
- Shall not be used for any personal, private, or commercial purposes.
- Shall not be sold, leased, or loaned to any other person without written authorization from the Registrar of Voters
- Shall not be sent or made available in any way to persons outside of the United States, including, but not limited to, access over the internet.

Any person who knowingly discloses, uses, or permits the use of all or any part of this information for any purpose other than as permitted by law is guilty of a misdemeanor, or potentially a felony, and may be subject to fines, imprisonment, or both.

*DISCLAIMER: Once the application has been submitted and **approved** processing may take **3-5 business days.**

Signature:_____

Date: _____ **City where signed:**_____

4. Voter Registration Information Products

A. Select product

☐ **Multi-Purpose Voter File**

Voter information contained in this file: *Name, residence address, mailing address, party preference, date of birth, registration date, mail ballot status, phone number/email address (if provided), precinct number, precinct name*

- TXT File Options - ☐ *flat file,* ☐ *tab delimited*
Price - Up to 80,000 voters - $37.70; 80,001 to 250,000 voters -$84.19; Over 250,000 voters -$90.48

☐ **Custom Precinct File**

File generated by precinct-level information versus by entire districts. Data contained in this file is the same as the Multi-Purpose Voter File

- TXT File Options - ☐ *flat file,* ☐ *tab delimited*
Price – $84.81

☐ **Voter List**

Voter information contained in this file: *Name, residence address, party preference, mail ballot status, registration date, precinct number, phone number (if provided)*

- File provided as a pdf document
Price - $40.95 set up fee + 10 cents per page

☐ **Walking List**

Voter information contained in this file: *Name, residence address, party preference, mail ballot status*
Price - $40.95 set up fee + 10 cents per page

☐ **Mailing labels- check one ()**

☐ **One label per vote**	☐ **Pdf file for printing at a later time**
☐ **One per household**	☐ **Printed labels** *(minimum of 7 business days to process)*

Price- Avery Labels 5160 at $40.95 set up fee + $12.80/1000

☐ **Certification of Voter Registration - $1.50 each**
☐ **Letter of Verification of Voter Registration - $1.50 each**
☐ **Customized Report - $165.77/hour**

B. Select preferred method to receive file

☐ FTP Address_____ ☐ E-Mail_____

C. Select from the following options to customize report

☐ Entire San Bernardino County

☐ Voters only in these districts/precincts_____

☐ Voters only for these political parties_____

☐ Only voters who voted _____ times in these elections (*please state specific elections*)
_____

☐ Only voters who voted in these elections _____

☐ Voting history for these elections (not available for Voter List or Walking List)_____
_____

5. Payment Information

Once the application has been submitted and **approved** processing may take **3-5 business days.**
Payment must be made **prior** to delivery of services.
Payment type: ☐ Cash ☐ Check number:_____

☐Name on Credit Card _____CC#_____

Expiration date_____ Total amount due $_____