



# SOMERSET COUNTY BOARD OF ELECTIONS

P.O. Box 3000, 20 Grove Street  
Somerville, NJ 08876-1262  
Phone: (908) 231-7084 • Fax (908) 231-9465



## REQUEST FOR VOTER REGISTRATION LISTS

*I, the requestor, understand and agree to the following:*

- Voter lists are provided for political purposes. Use for commercial or other non-election purposes is prohibited.
- Requests are typically fulfilled within 1-2 weeks. Every effort is made to fulfill all requests in a timely fashion.
- Payment is requested in full with this order form.
- Some voter files are too large to be sent electronically. You will be notified if your request is too large to email.
- Please research the best format for your specific needs before ordering. BOE cannot provide technical support.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### LIST TYPE

#### PAPER LIST

##### Choose Paper Size:

- letter size \$.05/page  
 legal size \$.07/page

#### ELECTRONIC LIST:

##### Choose Delivery Format:

- CD: \$5.00 per file  
 E-mail: no charge  
 Choose File Type:  CSV  PDF  TEXT

### LIST CONTENT

1) Include voters from the following areas (*you may limit by municipality, voting district, or other area*):

- Entire County  Other: \_\_\_\_\_

2) Include the following voters (*you may limit by party, registration date or other data*):

- All registered voters  Other: \_\_\_\_\_

3) Include the following voter information (*name, DOB, etc*):

- All available fields  Other \_\_\_\_\_

### LAYOUT (for PDF and PAPER lists only)

*Please note: Phone numbers are no longer available.*

- Alphabetical by voter  Alphabetical by street  Other \_\_\_\_\_

### VOTING HISTORY

*Your list may include voting history for up to 5 elections:*

- |                |                                  |                                  |                                       |
|----------------|----------------------------------|----------------------------------|---------------------------------------|
| 1. Year: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |
| 2. Year: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |
| 3. Year: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |
| 4. Year: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |
| 5. Year: _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other: _____ |

### PAYMENT

Total Price: \_\_\_\_\_  Cash  Check (*payable to: Somerset County Treasurer*)  Paid in Full

### TO BE COMPLETED UPON RECEIPT OF CD/LIST:

Received by (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**  
Order Taken By: