**MINNESOTA SECRETARY OF STATE**

**VOTER INFORMATION REQUEST FORM**

The use of voter registration information for purposes unrelated to elections, political activities or law enforcement is a violation of Minnesota law (M.S. 201.091).

*Rev.08/09/12*

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| **Voter Information** | **Enter your name as it would appear on your voter record.**   |  |  |  | | --- | --- | --- | | **Name** | Mary Jo Webster | | | **Address** | 1287 Nursery Hill Ln | | | **City & State** | Arden Hills, MN | **Zip Code 55112** | | **E-Mail** | Maryjo.webster@startribune.com | **Phone 612-673-1789** | |
| **Order**  **Information**  \*Text files  require  specific software to  use. See  page #2 for  more information | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Jurisdiction Type:** | | | \_\_X\_\_\_ Statewide once per quarter for four quarters ($46 x 4 = $184) |  | | **Report Type:** |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | | \*Text Format | \_\_\_X\_\_\_ | List of All Voters with Voting History for All Elections | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  | |  | | | |
| **Delivery** | **Enter Delivery information below.**  Customer will be provided with a password to access the list in the first week of each calendar quarter for calendar year 2016.   |  |  | | --- | --- | |  |  | |
| **Payment** | Enter payment information below:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Order Total: ($) Shipping: Amount Included:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 184.00 | + | 0 | = | 184.00 | | **Mail order and payment to:**  Office of the Secretary of State  (**Do not mail cash)** Attn: Legal Advisor  180 State Office Building  100 Rev. Dr. ML. King, Jr. Blvd  Saint Paul, MN 55155 | |  |  | |
| **Certify**  **Your**  **Request** | \_\_\_\_\_ I certify that I am a registered voter in the state of Minnesota and that the information in this list of registered voters will be used only for purposes related to Elections, Political Activities, or Law Enforcement (M.S. 201.091).  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| OFFICIAL USE ONLY | Date Rec’d by Fiscal | Date Rec’d by Med Prod | Client Acct # | Amount Paid | Work Order # |