

**CHARGES**

Electronic Copies: \$26.00  
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Document over 10mb will not be e-mailed

**For Office Use Only**

Date Request Received:

Date Request Fulfilled:

**CLEVELAND COUNTY BOARD OF ELECTIONS  
VOTER RECORDS REQUEST FORM**

I, the undersigned, hereby request: (check appropriate box)

Computer Printouts

Electronic Copies (Disk)

Mailing Labels

Photo Copies

Of the following public voter records: (please be specific)

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Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Please allow a minimum of 7 days to process your request. The Cleveland County Board of Elections will contact you when the request has been completed.**

The Cleveland County Board of Elections is not responsible for data requested that has not been checked for accuracy following 1 week after pick up.

**If requesting mailing labels, a full pack of Avery 8160 mailing labels must be provided, any labels left over will be returned.**