Application for Voter Registration Information

Pursuant to Election Code §2188

Full Name of Requestor		Organization, Committee, or Business		
Phone	E-mail address	Driver's License # *(must include copy with request)*		
Residence Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
Business Address (if different)		City	State	Zip

Voting Precincts: (1) Antelope, (3) Bridgeport, (4) Benton-Chalfant, (5) June Lake, (6) Lee Vining, (7) Long Valley (aka Crowley Lake), (8) Mammoth Meadow, (9) Mammoth Minaret, (10) Mammoth Pinecrest, (11) Swall Meadows, (12) Mammoth View, (13) Old Mammoth.

What information is requested?　　☐ All of Mono County　　☐ Only the following precincts / districts:_____

Would you like all voter information or only voters with specific voting tendencies?

☐ I would like information for all Active Mono County Voters.

☐ I would like voter information only for the voters specified below:

　　　　　　　☐ Only voters registered between ___/___/___ and ___/___/___

　　　　　　　☐ Only voters registered with the following party preference: _____

　　　　　　　☐ Only voters who voted in the following elections: _____

　　　　　　　☐ Only voters with the following registrant status: ☐ Inactive　☐ Canceled

How would you like your information transmitted?

☐ E-mail ($131 per file)　☐ Printed reports ($131 per file + $.21 per page + postage)

For what purpose are you requesting this information (required)?

_____
(Intended use of information)

I certify that all voter registration information will be used for **election, scholarly, journalistic, political, or governmental purposes only**. I further certify that all information (or a portion or copy thereof) will not be sold, leased, loaned, or given to any person, organization, or agency, without first receiving written authorization to do so from the Secretary of State or the county elections official. I certify under penalty of perjury, that all information on this form is true and correct under the laws of the State of California. (E.C. §2188 and §2194)

_____
Signature of Applicant　　　　　　　　　　　　　　Date　　　　　　　　　　　　City, State of Execution

Send your complete application, fees, and a copy of your driver's license to:
Mono County Elections
PO Box 237
Bridgeport, CA 93517
elections@mono.ca.gov

Questions? Please call us at (760) 932-5537.