



REQUEST FOR VOTER REGISTRATION INFORMATION

Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

(Please allow 72 hour response time for your request.)

Use of information from these files in connection with advertising or promoting commercial products or services is an offense under sections 18.009 and 18.067 of the Texas Election Code. I, the undersigned, do state that these files will not be used for such purposes.

Signature

Date

Voter Registration List

File Request by Email - No charge for files with less than 20,000 records

File Request by CD - \$10 + \$.12/1,000 voters (all countywide CD requests must be prepaid)

- \$2 postage fee for CD to be mailed

File Request by Paper - \$10/precinct w/ voter history

- \$4/precinct w/o voter history

- \$1/page for certified copies

Description of the file you are requesting

(ex: district, precinct, election, party, voter history, etc.):

*All files requested will be in Excel format and will include voter history from the last 40 elections unless otherwise specified.

You may send this request by mail, fax, or email to:

Dallas County Elections
Attention: Voter Registration Department
2377 North Stemmons Freeway, Suite 820 Dallas, Texas 75207
Phone: 214 - 819 - 6389 Fax: 214 - 819 - 6301

rlopez@dallascounty.org