

REQUEST FOR MACOMB COUNTY VOTER LIST

Date: _____

Your Name: _____

Phone Number: _____

E-mail Address: _____

Delivery Method: Pickup E-mail

The cost of the voter list will be \$1.00 for the CD, plus an hourly labor charge for the list.

You will be contacted when your list is ready. It may be picked up in person or e-mailed to you. If you choose to have the list e-mailed, payment MUST be received prior to the release of the list.

Please fill out one or both of the sections below to complete your request.

Voting History for Specific Election

Office/Jurisdiction/District _____
(eg. Warren or State Representative, Dist. 24)

Election Date _____
(eg. August 6, 2008 Election)

Voted at Poll

Voted Absentee

Both

List of All Registered Voters

I request a list of all registered voters in _____
(eg. City of Warren or Clinton Township)

I request a list of all registered voters on the "Permanent A. V. List" in _____
(note: not all communities maintain a Permanent A.V. List) (eg. City of Warren or Clinton Township)

Fax to: (586) 469-6927