

REQUEST FOR MACOMB COUNTY VOTER LIST

Date _____

Your Name _____

Phone Number _____

E-mail Address _____

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