ELECTION MATERIAL REQUEST SHEET
WASHINGTON COUNTY

REQUEST FOR ____________________________________        DATE __________________
(Name of organization, committee, candidate or individual)

Person designated to pick up request: ___________________________________________
(if applicable)

PHONE# ______________________

PLACE CHECK YOUR REQUEST:
_____ VOTER LIST
_____ VOTER LABELS
_____ CD (layout provided; experience in WORD processing necessary)
_____ ABSENTEE REQUESTS Note: All absentee voter information is exempt from the provisions of F.S. 119.07(1) and available only to those specified in F.S. 101.62(3).

_____ List
_____ Labels
_____ CD (layout provided, experience in WORD processing necessary)

PARTY SELECTION:
_____ All Voters
_____ Democrats
_____ Republicans
_____ Other _________________

SORT OPTIONS:
_____ Registration Number
_____ Name
_____ Name by Precinct
_____ Address
_____ Zip Code
_____ Household

PRECINCT SELECTION:
_____ All Precincts
_____ Precinct Number ______
_____ District ________________

WHICH ADDRESS?
_____ Mailing Address
_____ Residence Address
_____ Residence & Mailing Address
_____ Absentee

_________________________________  __________________________________
Signature of person making request                  Signature of person picking up material

FOR OFFICE USE:
Original request _________ Update __________
Job date from ____________ to ____________
Date request completed ___________________
Date request picked up ___________________
Fee amount: $___________ Cash ___
Check ___ Check No. ________
Date Paid: __________

Signature of Supervisor or Deputy Supervisor