

**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