

Voter Information Request Form

Nye County Clerk

Date requested: _____

Name: _____

Contact Phone Number: _____ Contact E-Mail: _____

Are you a representative of a political party with authority to request a voter list on behalf of that party?

If yes, provide party affiliation: _____

PLEASE CHECK ALL SECTIONS THAT APPLY

1. Voter Type: Active Inactive Both

2. Parties:

<input type="checkbox"/> Democratic	<input type="checkbox"/> Green Party	<input type="checkbox"/> Libertarian Party
<input type="checkbox"/> Independent American Party	<input type="checkbox"/> Nonpartisan (No Party Affiliation)	
<input type="checkbox"/> Republican	<input type="checkbox"/> Other: _____	<input type="checkbox"/> All

3. Precincts: _____ or All

4. Select only voters with updates on or after dates: _____
(i.e., name change; change of address; or parties.)

5. File Type: Excel

6. Fees: One Cent per Voter Name

CD, Additional \$5.00 fee for CD

E-Mail, No additional cost for email: _____
(Please Print Email Address)

Official use only:

Date Completed: _____

Clerk: _____

Total amount of fees:\$ _____

Date Paid _____