## SUMNER COUNTY ELECTION COMMISSION 355 NORTH BELVEDERE DRIVE, ROOM 106 GALLATIN, TN 37066 www.votesumnertn.org elections@sumnercountytn.gov Office: (615) 452-1456 Fax (615) 230-6147



## Request to Purchase Voter Registration Lists

Instructions: To make a request for hard or electronic copies of the voter registration list, complete the sections below. *Do not sign and date the signature line until this request is fulfilled.* Please note, any associated costs are payable to the "Sumner County Election Commission."

Requestor Name:				Contact N	umber:	
Requestor Address:						
Requestor E-mail Address:						
Form of Identification Provided:						
	Photo ID issued by governmental entity including requestor's address.					
	Other:					
Request for Voter Registration List Format:						
	<ul> <li>Flash Drive (\$75.00 service charge)</li> </ul>					
	Note: Accompanying guidelines for CD Rom/Flashdrive explains the files found. According to the					
	terms of this purchase, each requestor is required to provide their own technical support. The					
Sumner County Election Office will not provide technical computer support.						
Political Boundary (Limit the retrieval to the following):						
	County-Wide		Commission District		City	
	State Senate		School Board District		City Ward	
	State House		Congressional District			
	Other: Describe					
Registration Effective Dates						
Beginning Effective Date of Registration						
Ending Effective Date of Registration						
Years of History: Options are from 1 year of history up to 10 years of history						
(Note: 1 year would provide only the current year)						

I, \_\_\_\_\_\_ (Print Requestor Name), wish to purchase Sumner County voter registration data. I agree to pay the total amount due when this order is picked up. *As required by T.C.A. § 2-2-138, I certify that the voter information I am purchasing with this order is for political purposes only. I am aware that false certification of the purpose for this purchase is a Class B misdemeanor, punishable by a fine of \$500.* 

Signature of Requestor

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## SECTION TO BE COMPLETED BY ELECTION COMMISSION OFFICE:

Employee Receiving Request:	Date and Time Request Received:					
Employee Processing Request:	Date and Time Request Processed:					
Response Completed:						
Same day of request						
Other time (specify):						
Number of Records Requested:						
Costs:						
Hard Copy Requests:						
<ul> <li>Number of pages copied:</li> </ul>						
<ul> <li>Cost per page:</li> </ul>						
Cost of CD Rom/Flash Drive:						
Method of Delivery:						
□ On Site Pick-Up □ U.S. Postal Service	🗆 Fax 🛛 E-mail 🗖 Other					
Form, Amount, and Date of Payment:						
Form of Payment:      Cash      Check      Other:						
Amount of Payment:						
Date of Payment:						
Date of Delivery:						

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