

SUMNER COUNTY ELECTION COMMISSION



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 Number:												
Requestor Address:													
Requestor E-mail Address:													
Form of Identification Provided: <input type="checkbox"/> Photo ID issued by governmental entity including requestor's address. <input type="checkbox"/> Other:													
Request for Voter Registration List Format: <input type="checkbox"/> Hard Copy <input type="checkbox"/> CD Rom (\$50.00 service charge) Note: Accompanying CD Rom guidelines explain the files found on the distributed CD Rom. 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): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> County-Wide</td> <td style="width: 33%;"><input type="checkbox"/> Commission District</td> <td style="width: 33%;"><input type="checkbox"/> City</td> </tr> <tr> <td><input type="checkbox"/> State Senate</td> <td><input type="checkbox"/> School Board District</td> <td><input type="checkbox"/> City Ward</td> </tr> <tr> <td><input type="checkbox"/> State House</td> <td><input type="checkbox"/> Congressional District</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: Describe _____</td> </tr> </table>		<input type="checkbox"/> County-Wide	<input type="checkbox"/> Commission District	<input type="checkbox"/> City	<input type="checkbox"/> State Senate	<input type="checkbox"/> School Board District	<input type="checkbox"/> City Ward	<input type="checkbox"/> State House	<input type="checkbox"/> Congressional District		<input type="checkbox"/> Other: Describe _____		
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<input type="checkbox"/> State House	<input type="checkbox"/> Congressional District												
<input type="checkbox"/> Other: Describe _____													
Registration Effective Dates _____ Beginning Effective Date of Registration _____ Beginning 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

Date

SUMNER COUNTY ELECTION COMMISSION
 355 NORTH BELVEDERE DRIVE, ROOM 106
 GALLATIN, TN 37066

Fax: (615) 230-6147

www.votesumnertn.org

Phone: (615) 452-1456

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: <input type="checkbox"/> Same day of request <input type="checkbox"/> Other time (specify): _____	
Number of Records Requested: _____	
Costs: <ul style="list-style-type: none">• Hard Copy Requests:<ul style="list-style-type: none">○ Number of pages copied: _____○ Cost per page: _____• Cost of CD Rom: _____	
Method of Delivery: <input type="checkbox"/> On Site Pick-Up <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Other	
Form, Amount, and Date of Payment: <ul style="list-style-type: none">• Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____• Amount of Payment: _____• Date of Payment: _____• Date of Delivery: _____	