The State of Texas

Elections Division P.O. Box 12060 Austin, Texas 78711-2060 www.sos.state.tx.us



Phone: 512-463-5650 Fax: 512-475-2811 Dial 7-1-1 For Relay Services (800) 252-VOTE (8683)

<u>VOTER REGISTRATION PUBLIC INF</u>	ORMATION REQUEST FORM
Media, and Format must be completed:	OPTIONAL EXTRACTS
Media □ CD-ROM	Voters may be extracted by: Only voters with Texas mailing address Only voters who are effective to vote betwee and dates
Format (☑ must check one for label request) The Household List Record for each individual Voter	Only voters between the age and Hispanic Surnames only Males only Females only Only Suspense Voters Only non-suspense Voters
Requestor name:(required)	Voters who Voted in the following Elections:
A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes. If you wish to eliminate these voters from your order, select the "only non-suspense" voter's option under Optional Extracts.	Flagging Options ONLY Hispanic surname flag notation Suspense flag notation Hispanic surname & Suspense flag notation Voters who Voted in the following Elections:
List counties and voting precincts requested below. county is requested, write "All" by the county name space provided. The Secretary of State will furnish after the date the request is received.	ne. If the entire state is requested, mark the
COUNTY NAME(S)/ VOTING PRECINCT(S)	Check if entire state

INSTRUCTIONS FOR FILLING OUT A PUBLIC INFORMATION REQUEST FORM

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM

2. Format: (Check only one)

"Household List" will produce only one entry whenever there is more than one voter living at the same address with the same last name. *House members must select "Household" to obtain fund approval.

- 3. Optional Extracts An option may be selected to select a limited group of voters. Suspense voters are those voters whose certificate was returned as non-deliverable from the Post Office.
- 4. In the area for county name and voting precincts, please list each county you want extracted. If the whole county is needed, write "All" next to that county's name. If you want only certain precincts in a county, specify each **voting** precinct. A commissioner's precinct number or district number is not acceptable. If the entire state is required, please mark the appropriate space provided.
- 5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15th day after the date the request is received. (Texas Election Code, Section 18.066).

Send Order to:	Send Statement to:	
Telephone ()	Telephone ()	

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

THE STATE OF TEXAS	
COUNTY OF	
Before me, the undersigned authority, on thi, who being dul	• 1
I do solemnly swear that the information obtained for will not be used to advertise or promote commercial	
Sign	nature
Sworn to and Subscribe before me, this the	day of, 20
	Notary Public in and for the State of Texas
(Seal)	
	Printed Name of Notary
My commission Expires:	

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

- (a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.
- (b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Public Information File Record Layout

COLUMN DESCRIPTION	FIELD	LENGTH
COUNTY CODE	1	3
PRECINCT	4	4
VUID	8	10
LAST NAME	18	50
FIRST NAME	68	50
MIDDLE NAME	118	50
FORMER LAST NAME	168	50
SUFFIX	218	4
GENDER	222	1
DOB	223	8
PERM HOUSE NUMBER	231	9
PERM DESIGNATOR	240	12
PERM DIRECTIONAL PREFIX	252	2
PERM STREET NAME	254	50
PERM STREET TYPE	304	12
PERM DIRECTIONAL SUFFIX	316	2
PERM UNIT NUMBER	318	12
PERM UNIT TYPE	330	12
PERM CITY	342	50
PERM ZIPCODE	392	9
MAILING ADDRESS 1	401	110
MAILING ADDRESS 2	511	50
MAILING CITY	561	50
MAILING STATE	611	20
MAILING ZIPCODE	631	20
EDR	651	8
SUSPENSE STATUS	659	1
SPANISH SURNAME FLAG	660	1
ELECTION DATE	661	8
ELECTION TYPE	669	2
ELECTION PARTY	671	3
ELECTION VOTING METHOD	674	6
TOTAL	N/A	679

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CALCULATION OF PUBLIC INFORMATION RATE SCHEDULE

EXTRACT RATES FOR COMPUTER CD-ROM, OR DISK

1 - 124,999	Voters	\$ 93.75 +	\$ 0.0005	Per Voter
125,000 - 249,999	Voters	\$156.25 +	\$ 0.000375	Per Voter
250,000 - 499,999	Voters	\$203.13 +	\$ 0.00025	Per Voter
500,000 – 999,999	Voters	\$265.63 +	\$ 0.000125	Per Voter
Over 1,000,000	Voters	\$328.13 +	\$0.0000625	Per Voter

Additional Media Output Charges

Diskette \$1.00 each CD-ROM \$11.00 each

Secretary of State Elections Division

Credit Card Payment Form

Master Card, Visa & Discover

Date:
Name on Card:
Business Name:
Name of Requestor:
Address:
City/State/Zip:
Home Phone #:
Business Phone #:
Cell Phone #:
E-Mail Address:
Type of Credit Card Used:
Credit Card Number:
Expiration Date:
Staff Taking Order:
Purpose of Charge:
Amount of Charge:

Note: Any amount due need not be paid until the monthly statement is received.

Any amount credited to Client Account may be refunded upon request.

Refund (if applicable) will be processed upon Request.

Acknowledgement of Filing Document (s) (if present) is attached.

There is a 2.1% processing charge on credit card payments. This additional amount will be Computed and shown on your credit card statements when the credit card transaction is Settled.

PLEASE TYPE OR PRINT

Revised: 04/16/2003