

Ship To:

Mail For Pickup/By: _____ Date: _____
 Organization _____
 Requester Name _____
 E-mail _____
 Phone _____ Fax _____
 Address _____
 City _____ State _____ Zip _____

Sort Sequence

Indicate the sort order by entering numbers 1-6 in the boxes to the right. The sort order will be as indicated on the right if no indication is given.

- Precinct
- Registrant Name
- Party
- Street
- City
- Zip Code

Service Request

Check each that apply

Report Format Standard Voter History
 (This is a separate request and is not included with any other request, an additional fee will be charged.)
 Walking List
 Household

Output Media List/Hardcopy 3-across Labels Export FileCD/E-MAIL

File Format XLS (EXCEL) PDF (Portable Document Format –captures document and allows you to view.)
 TXT _____ Comma / Tab OTHER _____

FEES:

PRINTED LIST: \$30.00 SET UP + .01 CENT PER NAME
LABELS: \$30.00 SET UP + .02 CENTS PER NAME
CD/E-MAIL: \$25.00 SET UP + \$.025 PER 100 VOTERS (\$5.00 MIN. & \$500.00 MAXIMUM) SPECIAL FORMATTING REQUEST FEES SEE ADM. RULE 165-002-0020

Jurisdictions

Entering criteria here allows you to target specific jurisdictions

Precincts All Specific Precincts Only _____
 Election Districts All Specific Districts Only _____

Voters

Entering criteria here allows you to specify voting tendencies

Political Party All Specific Political Parties Only _____
 Voted in Election(s) _____ Specific Election(s) _____
 Registrant Status Active
 Other: _____

For Office Use Only	Count/Volume _____ x _____ per unit	= Unit Cost _____
		+ Fixed Cost _____
		= Total Cost _____
		- Amt Paid _____
		= Balance Due _____
Processed by _____ Date Processed _____		
Picked up by _____ Date _____		

**I CERTIFY THAT THIS WILL NOT BE USED FOR COMMERCIAL PURPOSES!
 PAYMENT IS REQUIRED AT THE TIME OF PICK-UP (CHECK, MONEY ORDER OR CASH)
 (The only lists that would be free of charge are referred to in ORS 247.940)**