



TULARE COUNTY APPLICATION FOR VOTER INFORMATION FILE

CONTACT INFORMATION:

Full name of applicant	If applicable, the full name of the beneficiary, i.e., business, organization, or committee	Driver license number (include state if not CA)	
Applicant's phone	Applicant's email		
Applicant's residential address (street name and number)	City	State	Zip
Applicant's mailing address (if different than above)	City	State	Zip
Beneficiary's (business, organization, or committee) business address	City	State	Zip

REQUESTING QUALIFICATIONS:

What type(s) of business, organization, or committee do you represent?

- | | |
|--|--|
| <input type="checkbox"/> Political Campaign/ | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Committee Media | <input type="checkbox"/> Private Vendor |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Other (specify) _____ |

Explain in detail (1) your intended use of this information and (2) how the information will be maintained securely and confidentially. If more space is needed, continue on another sheet of paper.

What is the purpose(s) of your request?

California candidate(s) (list each) _____ _____	Proposed California ballot measure(s) (list each) _____ _____
<input type="checkbox"/> Political Research	<input type="checkbox"/> Recall
<input type="checkbox"/> Scholarly Research	<input type="checkbox"/> Governmental
<input type="checkbox"/> Initiative/Referendum	<input type="checkbox"/> Other _____

ORDER FORM

All applications must be received with an original signature, a clear copy of applicant's current valid driver license or state identification card, any accompanying documentation, and payment before the files will be released.

DATA FORMAT

The data will be placed on a CD in text files. The Tulare County Registrar of Voters office is not responsible for end-user technical support for processing data (text) files and does not provide training or assistance on converting the data for usage. Once data has been extracted and sent to the applicant, no refunds will be issued.

APPLICATION INFORMATION

Information furnished on this application is subject to verification. The Applicant hereby agrees that the aforementioned information set forth in Affidavits of Registration of voters and any information derived from said electronic data processing information (hereinafter collectively referred to as "registration information") will be used ONLY FOR ELECTION, SCHOLARLY, POLITICAL, JOURNALISTIC OR GOVERNMENTAL PURPOSES, as defined by Title 2, Division 7, Article 1, Section 19003 of the California Code of Regulations, and Elections Code Section 2194 and Government Code Section 6254.4. The Applicant (as principal or agent) further agrees not to sell, lease, loan or deliver possession of the registration information, or a copy thereof, or any portion thereof, in any form or format, to any person, organization or agency without first submitting a new application and receiving written authorization from the Tulare County Registrar of Voters to release such registration information. WILLFUL VIOLATION OF THESE PROVISIONS IS A MISDEMEANOR (ELECTIONS CODE §18109). In addition, subject to provision of Title 2, Division 7, Article 1, Section 19001 through 19007 of the California Code of Regulations, the Applicant agrees to pay the State of California, as compensation for any UNAUTHORIZED USE OF EACH INDIVIDUAL'S REGISTRATION INFORMATION, an amount equal to the sum of fifty cents (\$.50) multiplied by the number of times each registration record is used by the applicant in an unauthorized manner.

TYPE OF DATA REQUESTED

Voter File Precinct Index Vote By Mail Data

Precinct to District Extract

Other: _____

Would you like to include Voting History? Yes No

What Election(s) would you like Voting History for?

Single Election: _____

Multiple Elections: _____

What area(s) do you want registration information from?

Countywide:

District(s): _____ All Districts:

Precinct: _____ All Precincts:

NOTE: Please allow up to 7-10 days to process the data once an application has been submitted and approved.

AGREEMENT

I certify under penalty of perjury, under the laws of the State of California, that all of the above information provided by me is true and correct.

Signature of Applicant

Date

EXECUTED AT:

City & State

OFFICE USE ONLY

Received By: _____ Date: _____

Received Via: In Person E-Mail Delivery/USPS

Approved Rejected

Comments: _____

Total Cost: _____