

Lee County Supervisor of Elections VOTER DATA REQUEST FORM

Note: All information on this form becomes a public record upon filing with the Supervisor of Elections. 101.62, Florida Statutes (1S-2.043, F.A.C.).
For more assistance, please call (239) LEE-VOTE or 239-533-8683.

Date: _____

Person Placing Order: _____ Ph.#:(_____)_____

For: _____
(Name of Candidate or Organization Authorizing Order)

E-mail Address: _____

Data Format	Political Party Requested	Precincts / Districts Requested						
<p>➤ Data CSV File <i>The file format is a text file with comma-separated values (csv). Open using Excel or a compatible database program.</i></p>	<p><input type="checkbox"/> All <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> All (County-wide) <input type="checkbox"/> Specific (List below)</p>						
<p><input type="checkbox"/> Absentee Subscription Daily CSV File: Indicate below (<i>available to only the following</i>):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Canvassing Board</td> <td style="width: 33%;"><input type="checkbox"/> Political Party or official thereof</td> <td style="width: 33%;"><input type="checkbox"/> Political Committee or official thereof</td> </tr> <tr> <td><input type="checkbox"/> Election Official</td> <td colspan="2"><input type="checkbox"/> Qualified candidate with opposition in an upcoming election</td> </tr> </table>			<input type="checkbox"/> Canvassing Board	<input type="checkbox"/> Political Party or official thereof	<input type="checkbox"/> Political Committee or official thereof	<input type="checkbox"/> Election Official	<input type="checkbox"/> Qualified candidate with opposition in an upcoming election	
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<input type="checkbox"/> Election Official	<input type="checkbox"/> Qualified candidate with opposition in an upcoming election							

Precincts / Districts Requested: _____

Other Special Requests: _____

OFFICE USE ONLY (do not write below this line)

File Name: _____ Count = _____ Data _____

File Name: _____ Count = _____ Data _____

File Name: _____ Count = _____ Data _____

Completion Date: _____ Operator Initials: _____ Customer Contacted: Phone / VM / E-Mail

Price: \$ _____
(Payment required in advance)

Delivery Information
Customer Pick-up CD Yes / No

Date Paid: _____

Sent Via Email Address Above Yes / No

Check #: _____

Sent to leeelections.com/candat Yes / No

Received by: _____

Waiting on Payment: _____ Delivered: _____ Paid: _____ Ready to File: _____