Registered Voter Information Request Form



Sort Order		Data Delivery Preference
Select One: ☐ Alpha by Name ☐ Alpha by Precinct ☐ By Residence (walking list)		Select One: CD Email *If the file is too large, data can only be saved on a CD. Cost is \$15.00 per individual list.
☐ Household		Please allow 3-5 business days to receive the list. Payment of cash or check accepted. Make checks payable to "Supervisor of Elections."
Option 1:		
☐ All registered voters in	n Indian River (County (Does not include voting history)
Option 2:		
☐ Voting History for reg ☐ Voters in Specific Mu ☐ Voters in Specific Pre ☐ Voters in Mosquito Co ☐ Voters in Hospital Dis ☐ Voters in Sebastian In ☐ Voters in Soil & Wate Voting History: ☐ Specific Elections: Select Demographics:	unicipality: cinct(s): control District strict llet Taxing Dist er Conservation (Specify year,	District election type and the minimum number of elections in which the voter cast a ballot.)
Party: ☐ All	Gender: □ All	Race: □ All □ Black, non-Hispanic
☐ Republican ☐ Democrat ☐ No Party ☐ Other(s)	☐ Males ☐ Females	☐ Hispanic ☐ Asian/ Pacific Islander ☐ American Indian/ Alaskan Native ☐ White, non-Hispanic
Requestor's Name:		Special Instructions:
Address:		
Email:		Save file in Excel □YES □NO

Note: Data files on CDs and emails are in comma delimited ASCII format unless specified. First row contains headers. For ease of interpretation, data shall be imported into Excel. The Supervisor of Elections cannot provide technical support beyond this information.

^{*}Once this request is received by the Supervisor of Elections office it is subject to a Public Records Request.*