

Fee _____
Paid _____
Waived _____

ELKO COUNTY CLERK
571 IDAHO ST., 3RD FLOOR
ELKO, NV 89801
PHONE: 775-753-4600
FAX: 775-753-4610
E-MAIL: kjakeman@elkocountynv.net

REQUEST FOR VOTER REGISTRATION LIST/LABELS/CD

NAME _____ DATE _____

AGENCY _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

E-MAIL _____ PHONE NO. _____

POLITICAL PARTY: _____

PLEASE CHECK ALL THAT APPLY TO YOUR REQUEST:

Format: ASCII CSV

Active Voters Inactive Voters Both

_____ The entire or partial voter file on CD Rom @ \$5.00 plus \$.01 per name.

_____ E-mail voter list @ \$.01 per name (indicate party/precinct below).

E-mail address to be sent to: _____.

_____ Mailing labels @ \$.03 per name (indicate party/precinct below).

_____ Update of previous list from this date: _____ (CD-\$5.00 plus \$.01 per name/E-mail-\$.01 per name).

_____ Printed list by precinct, \$.01 per name, *mailing address only* (indicate party/precinct below).

_____ Printed list by precinct, \$.01 per name, *residential and mailing address*, (indicate party/precinct below).

_____ Printed list by township: ALL townships or

CA EA EL JK WE

Check political party being requested:

<input type="checkbox"/> All parties	<input type="checkbox"/> Nonpartisan
<input type="checkbox"/> Democrat	<input type="checkbox"/> Natural Law Reform
<input type="checkbox"/> Republican	<input type="checkbox"/> Green
<input type="checkbox"/> Libertarian	<input type="checkbox"/> Independent American
<input type="checkbox"/> Other _____	

List precincts being requested: (01-41) _____

Credit Card # _____ Exp Date _____ Billing Zip Code _____

Person requesting list: _____ Date _____
Print name

Fee _____
Paid _____
Waived _____

Signature _____