

Fee _____
Paid _____
Waived _____

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

REQUEST FOR VOTER REGISTRATION LIST/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: _____
_____ 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 _____ 3 Digit V-Code _____

Billing Address: _____ City _____ ST _____ Zip Code _____

Person requesting list: _____ Date _____
Print name

Signature _____