

STATE OF DELAWARE
OFFICE OF THE STATE ELECTION COMMISSIONER
ORDER FORM



ORDER INFORMATION

To assist us with your order, please complete the following information.

NAME _____

POLITICAL COMMITTEE _____

MAILING ADDRESS _____

_____ City State Zip Code

PHONE NUMBER () - _____

ORDERING TERMS

	ITEM DESCRIPTION	QTY	PRICE
✓	Statewide Voter File CD	1	\$10.00

**Limit of 1 CD per active order/request.*

- 1) If you are requesting a Statewide CD and do not have an account with us, you must prepay before the order can be processed.
- 2) Candidates that have filed to run for office may request the Statewide CD at no cost.
- 3) The CD is in Microsoft Access format.
- 4) Payment Methods: Cash / Check / Money Order

PURSUANT TO HOUSE BILL 245 OF THE 145TH GENERAL ASSEMBLY: Files and lists provided to members of the General Assembly and State agencies or county or local governments pursuant to subsection (f) of this section shall include voter names, addresses, political party affiliation, voting history, telephone numbers, and dates of birth. Files and lists provided to major and minor political parties pursuant to subsections (a) through (d) of this section and to candidates for elective office pursuant to subsection (e) of this section shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, telephone numbers, and years of birth. Files and lists provided to the public shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, and years of birth.

DELIVERY METHOD

Please complete recipient name and address if different from your mailing address.

Please check one: Pick Up Mail

Orders are picked up or mailed from the Commissioner of Elections Office in Dover, DE

CHECK IF SAME AS CONTACT INFORMATION

NAME _____

MAILING ADDRESS _____

_____ City State Zip Code

PAYMENT METHOD

Cash Money Order

Check # _____

Checks are made payable to the State of Delaware.

Please bill my account. Account # _____

You cannot be billed unless you are a Delaware resident AND have established a current political committee.

Signature _____

Date _____

For Office Use Only

Walk in Phone Fax Mail

Account Number: _____ Invoice Number: _____

On system: _____ By: _____

Order received: _____ By: _____

Amount quoted: _____ By: _____

Customer contacted: _____ By: _____

Order picked up/mailed: _____