



**STATE OF DELAWARE**  
**OFFICE OF THE STATE ELECTION COMMISSIONER**  
**ABSENTEE DATA REQUEST**

**ORDER INFORMATION**

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

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code

Email Address: \_\_\_\_\_

Contact Number: ( ) - \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**ORDERING TERMS**

	ITEM DESCRIPTION	QTY	PRICE
✓	<b>Absentee Data Request</b>	<b>1</b>	<b>\$0.00</b>

*\*Limit 1 request per individual/organization.*

*\*Request are only valid for the current Election Year.*

1. This Information will be provided weekly via email every Friday at 5:00 pm until the conclusion of the November General Election.
2. The file format is .txt delimited by the | (pipe) symbol.
3. We do not offer any technical assistance with importing or processing the data.
4. There is no cost for the data and orders are processed when received.

**DELIVERY METHOD**

Please e-mail the completed form to: [coe\\_vote@state.de.us](mailto:coe_vote@state.de.us)

**For Office Use Only**

Walk in    
 Phone    
 Fax    
 Mail    
 Email

Date Order received: \_\_\_\_\_ By: \_\_\_\_\_

Date Customer Contacted: \_\_\_\_\_ By: \_\_\_\_\_

Date Order Processed: \_\_\_\_\_ By: \_\_\_\_\_