



**State of Delaware  
Department of Elections  
Election Voted List**

Use this form to request absentee voting, early voting, and election day voting data.

Please submit request to  
**State Election Commissioner's  
Office** using one of these options:  
**Email:** [COE\\_Vote@delaware.gov](mailto:COE_Vote@delaware.gov)  
**Fax:** (302) 739-6794  
**Mail or In-person:**  
905 S Governors Ave, Ste 170  
Dover, DE 19904

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_

IRTS #: \_\_\_\_\_

**1. Requestor**

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

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**2. Requestor Type (Select one)**

Major/Minor Political Party

Candidate

Public

**3. Organization Information (Required when requesting on behalf of an organization)**

Name of Entity: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Company Contact: \_\_\_\_\_

**4. Election (Specify)**

**5. Requested Data (Specify Statewide, District, or County)**

**6. Frequency of Data (Please see Notes, below)**

One Time Request/Delivery	Date of data requested (Specify):
Recurring Delivery	Daily data delivery around 11AM, from the Tuesday following the absentee ballot mailing deadline for UOCAVA voters through the Early Voting Period. Data delivery at 10AM, 1PM, and 4PM on Election Day.

**7. Notes (Read Notes)**

- Transmission: Data will be sent via Secure Email to the email address provided in this form. Visit <https://securemail.delaware.gov> for information.
- Scope: Data includes Absentee, Early Voting and Polling Place Voting on Election Day, when available.

**8. Affirmation (Read Statement and Sign Oath)**

I swear or affirm, under penalty of perjury, that:

- The information and any accompanying documents received as part of this request will **not** be used for commercial solicitation or for any other purpose not related to the electoral process or make the information available to the public or third parties or publish or republish the information in a way that allows it to be used in that manner.
- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

**Sign here**



**Today's date  
(MM/DD/YYYY)**

<https://ivote.de.gov>

**State Election Commissioner**  
905 S Governors Ave Ste 170  
Dover DE 19904  
Phone: (302) 739-4277  
Fax: (302) 739-6794  
Email: [coe\\_vote@delaware.gov](mailto:coe_vote@delaware.gov)

**New Castle County Office**  
Carvel State Office Bldg  
820 N French St STE 400  
Wilmington DE 19801  
Phone: (302) 577-3464  
Fax: (302) 577-6545  
Email: [votenc@delaware.gov](mailto:votenc@delaware.gov)

**Kent County Office**  
100 Enterprise Pl Ste 5  
Dover DE 19904  
Phone: (302) 739-4498  
Fax: (302) 739-4515  
Email: [votekc@delaware.gov](mailto:votekc@delaware.gov)

**Sussex County Office**  
119 N Race St  
PO Box 457  
Georgetown DE 19947  
Phone: (302) 856-5367  
Fax: (302) 856-5082  
Email: [votesc@delaware.gov](mailto:votesc@delaware.gov)