

Application for Voter Registration Information Pursuant to Election Code §2188

Full Name of Requestor	Organizatio	Organization, Committee, or Business			
Phone	E-mail address	Driver's L	Driver's License # (must include copy with request)		
Residence Address		City	State	Zip	
Mailing Address (if different)		City	State	Zip	
Business Address (if different)		City	State	Zip	
Voting Precincts: (1) Antelope, (3) (8) Mammoth Meadow, (9) Mammoth	3. ,	, , ,	O. ()	, ,	
What information is requested?	☐ All of Mono County ☐	☐ Only the following pred	sincts / districts:		
Would you like all voter information	on or only voters with specific vo	oting tendencies?			
☐ I would like information for all A	Active Mono County Voters.				
☐ I would like voter information of	only for the voters specified belo	w:			
□ On	ly voters registered between	_//_ and//			
□ On	ly voters registered with the follo	owing party preference:			
☐ Only voters who voted in the following elections:					
☐ Only voters with the following registrant status: ☐ Inactive ☐ Canceled					
How would you like your informat	ion transmitted?				
☐ E-mail (\$163 per file) ☐ Print	ed reports (\$163 per file + \$.21	per page + postage)			
For what purpose are you reques	ting this information (required)?				
(Intended use of information)					
I certify that all voter registration purposes only. I further certify to person, organization, or agency, elections official. I certify under pof California. (E.C. §2188 and §2	hat all information (or a portion without first receiving written a enalty of perjury, that all informations	or copy thereof) will not luthorization to do so fro	oe sold, leased, loai m the Secretary of	ned, or given to any State or the county	
Signature of Applicant	Date		City St.	ate of Evecution	

Send your complete application, fees, and a copy of your driver's license to: **Mono County Elections** PO Box 237 Bridgeport, CA 93517 elections@mono.ca.gov