



REQUEST FOR VOTER REGISTRATION DATA

Phone: 502-573-7100
www.elect.ky.gov

STATE BOARD OF ELECTIONS
140 WALNUT STREET, FRANKFORT, KY 40601

AGENCY USE ONLY
Order # _____

**ORDERS MAY BE SUBMITTED BY MAIL OR EMAIL TO SBEVOTERDATAORDERS@KY.GOV
ALLOW 7 TO 10 BUSINESS DAYS FOR PROCESSING**

REQUESTER NAME: _____ DATE: _____
[Print or type name of individual]

ENTITY: _____ TITLE: _____
[Insert name of business, company or corporation] [Insert affiliation]

ADDRESS: _____ CITY, STATE, & ZIP: _____

DAY TIME PHONE:(____)_____ E-MAIL ADDRESS: _____

- ☐ PICK UP AT SBE OFFICE (OR) ☐ MAIL-IN PAYMENT (Make checks payable to Kentucky State Treasurer)
☐ (OR) PAY BY CREDIT/DEBIT CARD (E- mail required)

REQUESTER HEREBY STATES, UNDER OATH, AS FOLLOWS: I am (CHECK ONLY ONE)

☐ A Duly Qualified Candidate or Authorized Representative of a Candidate for the Office of:

Per 31 KAR 3:010 a duly qualified candidate is a person who has either filed a letter of intent with the Kentucky Registry of Election Finance, OR nomination papers with the Office of the Secretary of State or county clerk. A duly authorized representative of a duly qualified candidate should attach to this form, a statement that is on campaign letterhead and signed by the candidate attesting to the representative's status.

☐ A Duly Authorized Representative of a Political Party Committee or Official Thereof.

Insert Name of Political Party Committee: _____

☐ A Duly Authorized Representative of a Committee that Advocates or Opposes an Amendment or Public Question.

☐ OTHER - Please attach in writing, signed and dated by the Requester, specific information detailing the purpose for which the information is requested and describing how the purpose stated by the Requester fits within the parameters of KRS 117.025(3)(i) and 31 KAR 3:010. The State Board of Elections will determine the requester's eligibility to receive the voter data based upon the information provided.

OATH OF REQUESTER:

I further state that I have read **KRS 117.025(3)(i)** and **31 KAR 3:010**, that **I do not intend to use the voter registration lists for commercial use**, that I will not sell or give the voter registration lists to persons who intend to use the information for commercial use, and the voter registration lists will be used for my campaign only, for a political party committee, for a committee that advocates or opposes an amendment or public question, or other purpose as allowed by the state board of elections.

By signing below, I am aware that the State Board of Elections, upon belief or knowledge that the data I have received has been sold, stolen, or lost may refuse any further requests for registration data.

SIGNATURE OF REQUESTER

[Must be the same name as "Requester Name" above]

1. **SELECT the appropriate box and complete the required information.**

[Contact your County Clerk for the appropriate information needed to complete Section 1.]

☐ Statewide

☐ Federal Congressional _____
(District Number)

☐ Countywide

☐ State Senatorial _____
(District Number)

(Name of County)

☐ State Legislative _____
(District Number)

(OR)

If ordering individual precinct(s), provide the county and precinct code(s).

[Contact your County Clerk for the appropriate information needed to complete Section 1.]

☐ County _____

☐ Precinct(s) [Example: A101; B101; C101]: _____

2. **SELECT the appropriate block of voters requested:**

POLITICAL PARTY, GROUP, OR ORGANIZATION, OR INDEPENDENT STATUS			
<input type="checkbox"/> ALL VOTERS	<input type="checkbox"/>	<input type="checkbox"/> CONSTITUTION (C)	<input type="checkbox"/> REFORM (F)
<input type="checkbox"/> DEMOCRAT (D)	<input type="checkbox"/>	<input type="checkbox"/> GREEN (G)	<input type="checkbox"/> SOCIALIST WORKERS (S)
<input type="checkbox"/> REPUBLICAN (R)	<input type="checkbox"/>	<input type="checkbox"/> LIBERTARIAN (L)	<input type="checkbox"/> INDEPENDENT STATUS (I)
<input type="checkbox"/> OTHER (O) [does not include political party, groups, or organizations, or voters of independent status.]	<input type="checkbox"/>	<input type="checkbox"/> KENTUCKY (K)	

3. **SELECT the appropriate block for the format of the data:**

ELECTRONIC VIA EMAIL	
<input type="checkbox"/>	ELECTRONIC FILE

MAILING LABELS	
<input type="checkbox"/>	ALPHABETICAL
<input type="checkbox"/>	HOUSEHOLD BY STREET
<input type="checkbox"/>	HOUSEHOLD BY ZIP CODE

PAPER LISTS	
<input type="checkbox"/>	ALPHABETICAL
<input type="checkbox"/>	STREET ORDER

4. **SELECT whether to include Inactive Voters (those voters described in KRS 116.112(5)):**

[Leave this selection empty if you wish to receive only Active Voters]

☐ INCLUDE INACTIVE VOTERS

SPECIAL REQUESTS (See www.elect.ky.gov for further information)

PLEASE EXPLAIN: _____

DO NOT WRITE BELOW – OFFICE USE ONLY

NUMBER OF PRECINCTS:		\$
NUMBER OF LABELS:		\$
NUMBER OF RECORDS:		\$
Postage costs (if applicable)		\$
ORDERS WILL NOT BE SHIPPED UNTIL PAYMENT IN FULL IS RECEIVED		
DATE COMPLETED:	BY:	\$
		TOTAL COST