



## Application for Voter Registration Information

Pursuant to Election Code §2188

Full name of requestor	Organization, Committee, or Business		
Phone	E-mail address	Date	
Residence Address	City	St	Zip
Mailing Address (if different)	City	St	Zip
Business Address (if different)	City	St	Zip

**Voting Precincts:** (1) Antelope, (3) Bridgeport, (4) Benton-Chalfant, (5) June Lake, (6) Lee Vining, (7) Long Valley (aka Crowley Lake), (8) Mammoth Meadow, (9) Mammoth Minaret, (10) Mammoth Pinecrest, (11) Swall Meadows, (12) Mammoth View, (13) Old Mammoth.

Format:  Electronic  Excel  Paper

What information is requested?  All of Mono County  Only the following precincts / districts: \_\_\_\_\_

Would you like all voter information or only voters with specific voting tendencies?

I would like information for all Active Mono County Voters.

I would like voter information only for the voters specified below:

Only voters registered between \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_

Only voters registered with the following party preference: \_\_\_\_\_

Only voters who voted in the following elections: \_\_\_\_\_

Only voters with the following registrant status:  Inactive  Canceled

How would you like your information transmitted?

E-mail (no charge)  CD (\$2.25)  Printed reports (\$.16 per page plus postage)

For what purpose are you requesting this information (required)?

\_\_\_\_\_  
(Intended use of information)

I certify that all voter registration information will be used for **election, scholarly, journalistic, political, or governmental purposes only**. I further certify that all information (or a portion or copy thereof) will not be sold, leased, loaned, or given to any person, organization, or agency, without first receiving written authorization to do so from the Secretary of State or the county elections official. I certify under penalty of perjury, that all information on this form is true and correct under the laws of the State of California. (E.C. §2188 and §2194)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Driver's License # (must include copy with request)

**Send your complete application, fees (if applicable), and a copy of your driver's license to:**  
**Mono County Elections**  
**PO Box 237**  
**Bridgeport, CA 93517**  
**Fax: (760) 932-5531**

Questions? Please call us at (760) 932-5537