



**JANICE ATKINSON
 COUNTY CLERK-RECORDER-ASSESSOR
 REGISTRAR OF VOTERS DIVISION
 435 Fiscal Drive, Santa Rosa, CA 95403
 (707) 565-6800 Fax: (707) 565-6861**

APPLICATION TO PURCHASE/VIEW VOTER REGISTRATION INFORMATION
 (ALL INFORMATION FURNISHED ON THIS APPLICATION IS SUBJECT TO APPROVAL AND VERIFICATION)

THIS SECTION MUST BE COMPLETED

The Applicant (as principal or agent) hereby agrees that the aforementioned information set forth in Affidavits of Registration of voters and any information derived from said electronic data processing tapes, printed labels, and/or computer printed listings (hereinafter collectively referred to as "registration information") will be used **ONLY FOR ELECTION OR GOVERNMENTAL PURPOSES**, or research as defined by Title 2, Division 7, Article 1, Section 19003 of the California Administrative Code and Elections Code Section 2194 and Government Code Section 6254.

The applicant further agrees **NOT** to sell, lease, loan or deliver possession of the registration information, or a copy thereof, or any portion thereof, in any form or format, to any person, organization or agency without first receiving written authorization to do so from the Secretary of State or from the source agency (Sonoma County ROV). This information may not be used, taken or transmitted outside of the United States, Section 2188.5 California Elections Code.

Subject to provisions of Title 2, Division 7, Article 1, Sections 19001 through 19007 of the California Administrative Code, the Applicant agrees to pay the State of California, or the source agency, as compensation for any **UNAUTHORIZED USE OF EACH INDIVIDUAL'S REGISTRATION INFORMATION**, an amount equal to the sum of fifty cents (\$.50) multiplied by the number of times each registration record is used by the applicant in an unauthorized manner.

USE INFORMATION: (✓ the appropriate box/boxes)

What type(s) of business, organization, or committee do you represent?

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Political | <input type="checkbox"/> Investigation | <input type="checkbox"/> Private Vendor | <input type="checkbox"/> Media |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Governmental | <input type="checkbox"/> Legal | <input type="checkbox"/> Other (state) _____ |

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

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Candidate (which) _____ | <input type="checkbox"/> Proposed ballot measure (which) _____ | | |
| <input type="checkbox"/> Political Research | <input type="checkbox"/> Initiative/Referendum | <input type="checkbox"/> Governmental | <input type="checkbox"/> Scholarly Research |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Other _____ | | |

Explain in detail your intended use of this information. If more space is needed, continue on another sheet of paper.

PENALTIES:

Any person in possession of information obtained pursuant to Section 2184 for election purposes, or pursuant to Section 2188 for election, scholarly or political research, or governmental purposes, who knowingly uses or permits the use of all or any part of that information for any purpose other than an election, scholarly, or political research or governmental purposes, or who furnished that information for the use of another, unless the information is furnished for election scholarly or political research, or governmental purposes, is guilty of a misdemeanor.

I hereby certify, under penalty of perjury, under the laws of the State of California, that all information provided is true and correct

Signature of Applicant: _____ **Date:** _____ **Place of Signing:** _____

FOR OFFICIAL USE ONLY			
ID Verified/Copy Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Letter of authorization signed by the candidate or proponent attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved by: _____	Date Request Completed: _____	Delivery Method: <input type="checkbox"/> US Mail	<input type="checkbox"/> E-Mail
Total Due: \$ _____	Date Paid: _____	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Other
Check #: _____	Receipt #: _____		