WILLIAM F. ROUSSEAU
COUNTY CLERK-RECORDER-ASSESSOR
REGISTRAR OF VOTERS DIVISION
435 Fiscal Drive, Santa Rosa, CA 95403
(707) 565-6800 Fax: (707) 565-6861

Clear Form | Print Form

APPLICATION TO PURCHASE/VIEW VOTER REGISTRATION INFORMATION

(ALL INFORMATION FURNISHED ON THIS APPLICATION IS SUBJECT TO APPROVAL AND VERIFICATION)

Pursuant to Elections Code Section 2188 and 2194, voter registration information is available ONLY to persons or groups who meet specific conditions, including the completion of a written application. All requests to view, purchase, or use voter registration information must be accompanied by this application and a clear copy of your photo identification (Driver's license or State ID card).

Name: _____
First Middle Initial Last

Driver's License Number: _____ _____ **E-Mail Address:** _____
State and Number E-Mail Address

Residence Address: _____
Number and Street Name
_____ (____) _____
City State Zip Code Telephone Number

Business Name & Address: _____
Business Name Business Number and Street Name
_____ (____) _____
City State Zip Code Telephone Number

If this application is on behalf of any person, group, or organization other than the applicant, this section must be completed.

Name: _____
Person, group, or organization requesting / authorizing applicant to obtain voter information on their behalf

Address: _____
Number and Street Name
_____ (____) _____
City State Zip Code Telephone Number

The above named applicant hereby applies to the County of Sonoma of the State of California for:

☐ Printed Map: ☐ District/Precinct(s) _____

☐ Master Voter File: ☐ Countywide ☐ District/Precinct(s) _____

Include Voter History? ☐ Yes ☐ No *if yes:* ☐ All History ☐ Last 5 countywide elections (specify): _____

Additional Notes: _____

☐ Printed Lists / Mailing Labels:

- ☐ Alpha List – Alphabetical list of voters
- ☐ Walking Lists – Prepared by street name within a voting precinct or district
- ☐ Labels – One per Voter ☐ Labels – One per Household

District/Precinct Requested: _____

☐ Vote by Mail (VBM) Voter Lists: ☐ Include Mail Ballot Precincts

- ☐ VBM by Issue Date, exclude returns ☐ VBM by Issue Date, include returns
- ☐ VBM by Return Date

☐ Countywide ☐ District/Precinct _____

Date Range Requested: ____/____/____ to ____/____/____ ☐ One Time List ☐ Initial List and _____ thereafter

Please indicate preferred method of delivery for information:

☐ E-Mail (see above) ☐ FTP ☐ US Mail ☐ Pick up ☐ Other- _____ (Requestor to supply Fed-X/UPS materials)

Special Requests/Instructions/FTP Info: _____
_____
_____
_____

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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?

☐ Political ☐ Investigation ☐ Private Vendor ☐ Media
☐ Educational ☐ Governmental ☐ Legal ☐ Other (state) _____

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

☐ Candidate (which) _____ ☐ Proposed ballot measure (which) _____
☐ Political Research ☐ Initiative/Referendum ☐ Governmental ☐ Scholarly Research
☐ Recall ☐ 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: ☐ Yes ☐ No
Approved by: _____
Total Due: $ _____
Check #: _____

Letter of authorization signed by the candidate or proponent attached: ☐ Yes ☐ No
Date Request Completed: _____
Date Paid: _____
Receipt #: _____

Delivery Method: ☐ US Mail ☐ E-Mail ☐ Pick Up ☐ Other