

ILLINOIS STATE BOARD OF ELECTIONS
REQUEST FOR VOTER INFORMATION

TO REQUEST VOTER INFORMATION:

- Complete the attached application.
- Submit the application to:

**State Board of Elections
Voter Registration Services
2329 S. MacArthur Blvd.
Springfield, IL 62708**

- Make check or money order payable to the State of Illinois.
- Checks must be issued on the political committee's account or the state/local government voucher.
- No application will be processed without payment attached.
- Requests are processed on a first-in, first-out basis.

Questions? Contact Voter Registration Services at (217) 782-4141.

**ILLINOIS STATE BOARD OF ELECTIONS
REQUEST FOR VOTER DATA**

Name of Political Committee/
Governmental Entity: _____

Name of Contact Person: _____

Address: _____

Telephone: _____

Voter Information Requested: _____

PLEASE SELECT THE REQUESTED FORMAT AND MEDIA

PREFERRED FORMAT WITH HISTORY _____ *Due to Size, Statewide is Only
Normalized FORMAT WITH HISTORY _____ Available in the Normalized Format

Mail to Address _____

Hold for pickup _____

I, the undersigned, am aware that only those state or local political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act or governmental entities are qualified to receive this data. I am also aware that this data shall not be used under any circumstances for purposes of commercial solicitation or other business purposes, and that to do so may result in substantial penalty.

(Chapter 10 ILCS 5/4-8, 5-7 and 6-35, Illinois Compiled Statutes)

**Signature of Candidate, Treasurer or Chairman/
Signature of Government Official**

Date

OFFICE USE ONLY

Date Received: _____
Committee ID: _____
Check Amount: _____

File Ran By: _____
Completed File Checked By: _____
Date Mailed/Set for Pickup: _____