

APPLICATION: CALIFORNIA VOTER REGISTRATION FILE REQUEST



SUTTER COUNTY

Elections Division
 1435 Veterans Memorial Circle
 Yuba City, CA 95993
 (530) 822-7122
 elections@co.sutter.ca.us

Voter registration information is NOT public data and state laws govern how and by whom voter registration information may be used.

WARNING: The authorized recipients of the voter registration information are responsible for the security of all voter registration information provided through this request.

CONTACT INFO

Full Name of Applicant	If applicable, the full name of the beneficiary, i.e., business, organization, or committee		
Applicant's Phone	Applicant's Email		
Applicant's Business Address (street name and number)	City	State	Zip
Applicant's Mailing Address (if different than above)	City	State	Zip
Beneficiary's (business, organization, or committee) Business Address	City	State	Zip

REQUESTING QUALIFICATIONS

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

- | | |
|---|---|
| <input type="checkbox"/> Political Campaign/Committee
<input type="checkbox"/> Media
<input type="checkbox"/> Legal
<input type="checkbox"/> Investigation | <input type="checkbox"/> Academic
<input type="checkbox"/> Private Vendor
<input type="checkbox"/> Governmental
<input type="checkbox"/> Other (specify) _____ |
|---|---|

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

- | | |
|--|--|
| Candidate(s) (list each)

_____ | Ballot Measure(s) (list each)

_____ |
| <input type="checkbox"/> Political Research
<input type="checkbox"/> Scholarly Research
<input type="checkbox"/> Initiative/Referendum
<input type="checkbox"/> Record Review | <input type="checkbox"/> Recall
<input type="checkbox"/> Governmental
<input type="checkbox"/> Other _____ |

Explain in detail (1) your intended use of this information and (2) how the information will be maintained securely and confidentially. If more space is needed, continue on another sheet of paper.

REQUESTS ARE SUBJECT TO APPROVAL.

REQUEST

OPTION 1: Sutter County Registered Voters Data (tab de-limited text file on a USB) - \$93.50

Countywide
Single District: _____ District Number: _____

Would you like voter history? If so:

Full History
Last 5 countywide elections
Specify election dates (maximum of 5): _____

OPTION 2: Walking List (pdf) - \$0.50 per 1,000 voters

Countywide
Single District: _____ District Number: _____

OPTION 3: Vote by Mail Status Report (pdf) - \$25.50 per emailed report

Dates: _____

Applications submitted to the Sutter County Elections Office by mail must include a clear photocopy of the applicant's valid photo identification.

How would you like to receive this information?

In Person: _____

Mail
Mailing Address: _____

Shipping Label Included

Central Committees can request one voter data file (without vote history) at no cost at Primary/General elections. Application must include a written request by the chairperson.

AGREEMENT

All information furnished on this application is subject to verification.



Initial here

Applicant and beneficiary, if applicable, hereby agree that the information set forth in the voter registration information will be used for the approved purposes, consistent with state law, as defined by Elections Code section 2194, Sections 19001 through 19013 of the California Code of Regulations, Government Code section 7924.000, and Business and Professions Code section 17538.41.



Initial here

Applicant and beneficiary, if applicable, further agree not to sell, lease, loan, or deliver possession of the registration information, or a copy thereof, in any form or format, to any person, organization, or agency except as prescribed in Section 19005 of the California Code of Regulations.



Initial here

Applicant and beneficiary, if applicable, agree to maintain information in a secure and confidential manner using the best practices identified in Section 19012 of the California Code of Regulations, and will notify the Secretary of State immediately of any violation, exposure, and/or breach of voter registration information or suspected violation, exposure, and/or breach of voter registration information and will cooperate with the Secretary of State's office or any investigative agency efforts related to any resulting investigation.



Initial here

Applicant and beneficiary, if applicable, understand that it is a misdemeanor for a person in possession of voter registration information to use or permit the use of all or any part of the information for any purpose other than is permitted by law.

I certify under penalty of perjury, under the laws of the State of California, that all of the information provided on this application is true and correct. I understand this application is subject to the Sutter County Clerk's review and approval.

Signature of Applicant or Beneficiary

Date

Driver License Number (include state if not CA)

AB 1392 exempts the residence address, telephone number, and email address of a federal, state, or local elected official or candidate except for journalistic or governmental purposes unless the elected official or candidate opts out.

FOR OFFICE USE ONLY: Date Paid: _____ Total Paid: _____ Receipt #: _____ Staff Initials: _____ Reviewed By: _____