Date of Request: _____
Act#:_____
Fee:_____

City of Southfield – City Clerk's Office
26000 Evergreen Road – Southfield, MI 48076
(248)796-5150
Voter Registration Information Order Form

Requester:_____

Candidate (if applicable):_____

Address: _____
Street Number City State Zip

Phone: _____Email:_____

Signature*:_____

*I approve the order information provided on this request form and understand that the payment made is non refundable and is due at the time the order is made.

City Clerk's
Authorization:_____

Format: Paper List___
CD (comma delimited format) ___
CD (excel format) ___
Individual Mailing Labels – paper___ CD-excel format___
Household Mailing Labels (except current election) – paper___CD-excel format___
Email (daily AV requests for current election only) ___

Data Options: All Registered Voters_____
All Permanent Absent Voters Only____
Specific Election Date(s) _____
Precinct #(s) _____
School District(s) _____

Sort Options: Address_____
Last Name____
Zip Code_____

Charges: Paper List: .01 per name
Paper Labels: .03 per label
CDs: $25 per CD
Email: $25 (one time charge per election)
(Daily Absent Voter requests for current election only)

Additional Notes/Comments regarding Order Request:

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