



SECRETARY OF STATE

Elections Division
1500 11th Street, 5th Floor, Sacramento, CA 95814
TEL (916) 657-2166 / www.sos.ca.gov

TRINITY COUNTY ELECTIONS
PO BOX 1215
WEAVERVILLE, CA 96093
(530) 623-1220



APPLICATION TO PURCHASE VOTER REGISTRATION INFORMATION

APPLICATION INFORMATION

Full name of person, business, organization or committee (if committee state beneficiary)

Phone _____ E-mail _____

Business address (street name and number)

City _____ State _____ Zip _____

Mailing address (if different from above)

City _____ State _____ Zip _____

USE INFORMATION

This application is for approval to purchase voter registration information from: (*check one*)

- State of California County of _____
- Other (state name and address) _____
- _____

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?

- Candidates (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. (NOTE: Use of voter registration files is limited. See reverse for prohibitions.)

ORDER FORM

All applications must be received with an original signature, clear copy of applicant's current valid driver license, or state identification card, any accompanying documentation, and payment before the application will be reviewed or processing begun for data extract. Applications will not be accepted by fax or e-mail.

The data is sent on a CD-ROM, formatted as a tab-delimited text file. In many cases, the file is too large to save on a CD-ROM; therefore, our office uses WinZIP to compress the files onto one disk. To decompress the file, use software applications like WinZip, WinAce, etc. Since voter registration data can be large and exceed record limitation of many applications, it is strongly suggested that you use a large database system to open and compile this information. In most cases, you will not be able to open this information with MS Excel or MS Access. The Secretary of State or the Trinity County Elections Official is not responsible for end user technical support for processing data (text) files and does not provide training or assistance on converting the data for usage. Once data has been extracted and sent to the applicant, no refunds will be issued.

Would you like available Voting History data included? Yes No

For what location(s) do you want registration information?

- State
 County (or counties) _____
 Other _____

Date required (month/day/year)

NOTE: Please allow 7-14 business days, or more, to process the data once an application has been submitted and approved.

SHIPPING INFORMATION

Ship to (full name) _____ Phone _____

Address _____

City _____ State _____ Zip _____

Ship via:

- US Mail(no fee) Will-Call (no fee) Other* _____

*Include proper forms/labels and additional fee.

AGREEMENT

INFORMATION FURNISHED ON THIS APPLICATION IS SUBJECT TO VERIFICATION

The Applicant hereby agrees that the aforementioned information set forth in Affidavits of Registration of voters and any information derived from said electronic data processing information (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 Code of Regulations, and Elections Code Section 2194 and Government Code Section 6254.4.

The Applicant (as principal or agent) 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 submitting a new application and receiving written authorization from the Secretary of State or the Trinity County Elections Official to release such registration information.

WILLFUL VIOLATION OF THESE PROVISIONS IS A MISDEMEANOR (ELECTIONS CODE SECTION 18109),

In addition, subject to provisions of Title 2, Division 7, Article 1, Sections 19001 through 19007 of the California Code of Regulations, the Applicant agrees to pay to the State of California, 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.

"I certify under penalty of perjury, under the laws of the State of California, that all of the above information provided by me is true and correct."

Executed at:

City County State

Signature of applicant or agent Date

Print name of applicant or agent Driver's license number (include state if not CA)

Residence address

City State Zip

Title or position Home phone