

The State of Texas



Elections Division
 P.O. Box 12060
 Austin, Texas 78711-2060
 www.sos.state.tx.us

Phone: 512-463-5650
 Fax: 512-475-2811
 Dial 7-1-1 For Relay Services
 (800) 252-VOTE (8683)

Secretary of State

VOTER REGISTRATION PUBLIC INFORMATION REQUEST FORM

Media, and *Format* must be completed:

Media
 CD-ROM
 FTP
 Provide FTP information: _____

Format (must check one for label request)
 *Household List
 Record for each individual Voter

Requestor name: _____
 (required)

A "suspense voter" is a voter known to have an incorrect or outdated address. The county has sent the voter a form to obtain a new current address, but no response has been received. The voter is however, considered to be an active voter for voting purposes. If you wish to eliminate these voters from your order, select the "only active" voter's option under Optional Extracts.

OPTIONAL EXTRACTS

Voters may be extracted by:

Only voters with Texas mailing address
 Only voters who are effective to vote between _____ and _____ dates
 Only voters between the age ____ and ____
 Hispanic Surnames only
 Males only
 Females only
 Only Active Voters
 Only Suspense Voters
 Only Cancelled Voters
 Voters who Voted in the following Elections:

Flagging Options ONLY
 Hispanic surname flag notation

***If no Optional Extracts are selected; defaults to extracting Active and Suspense Voters.**

List counties and voting precincts requested below. (Do not put a district number). If the whole county is requested, write "All" by the county name. If the entire state is requested, mark the space provided. The Secretary of State will furnish the information not later than the 15th day after the date the request is received.

COUNTY NAME(S)/ VOTING PRECINCT(S)

Check if entire State _____

INSTRUCTIONS FOR FILLING OUT A PUBLIC INFORMATION REQUEST FORM

Below are the procedures for filling out the attached Public Information Request form. Failure to adequately complete the form may cause incorrect information or could delay the processing of your order.

1. Media Selection: CD-ROM

2. Format: (Check only one)

“Household List” will produce only one entry whenever there is more than one voter living at the same address with the same last name. ***House members must select “Household” to obtain fund approval.**

3. Optional Extracts - An option may be selected to select a limited group of voters. Suspense voters are those voters whose certificate was returned as non-deliverable from the Post Office.

4. In the area for county name and voting precincts, please list each county you want extracted. If the whole county is needed, write “All” next to that county’s name. If you want only certain precincts in a county, specify each **voting** precinct. A commissioner’s precinct number or district number is not acceptable. If the entire state is required, please mark the appropriate space provided.

5. The attached affidavit must be signed before a notary public. A \$75.00 deposit must accompany each request. If the request is from a Member of the House or Senate, the Member must submit the request through the appropriate business office for approval of funds **before** submitting it to this office, unless the request is being paid for out of personal funds. CD-ROM will not be released until full payment is received. A complete address (No P. O. Box) must be provided along with a telephone number. The Secretary of State will furnish information not later than the 15th day after the date the request is received. (Texas Election Code, Section 18.066).

Send Order to:

Send Statement to:

Telephone (____) _____

Telephone (____) _____

Please retain a copy of this form for your records. Please include a \$75.00 deposit fee with your request, made payable to the Secretary of State's Office. Your order will not be released until full payment is received. The attached affidavit must be signed before a notary public and accompany all requests.

If you have any questions, please contact Elections Division at (512) 463-5650 or toll free at 1-800-252-VOTE (8683).

A F F I D A V I T

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, who being duly sworn, deposes and says:

I do solemnly swear that the information obtained from the copy of the State Master Voter File will not be used to advertise or promote commercial products or services.

Signature

Sworn to and Subscribe before me, this the _____ day of _____, 20_____.

Notary Public in and for the State of Texas

(Seal)

Printed Name of Notary

My commission Expires: _____

PLEASE BE ADVISED

§ 18.067. Unlawful Use of Master File Information

(a) A person commits an offense if the person uses information in connection with advertising or promoting commercial products or services that the person knows was obtained under Section 18.066.

(b) An offense under this section is a Class A misdemeanor.

Acts 1985, 69th Leg., ch. 211, § 1, eff. Jan. 1, 1986.

Amended by Acts 1997, 75th Leg., ch. 864, § 13, eff. Sept. 1, 1997.

Public Information File Record Layout

COLUMN DESCRIPTION	FIELD	LENGTH
COUNTY CODE	1	3
PRECINCT	4	4
VUID	8	10
LAST NAME	18	50
FIRST NAME	68	50
MIDDLE NAME	118	50
FORMER LAST NAME	168	50
SUFFIX	218	4
GENDER	222	1
DOB	223	8
PERM HOUSE NUMBER	231	9
PERM DESIGNATOR	240	12
PERM DIRECTIONAL PREFIX	252	2
PERM STREET NAME	254	50
PERM STREET TYPE	304	12
PERM DIRECTIONAL SUFFIX	316	2
PERM UNIT NUMBER	318	12
PERM UNIT TYPE	330	12
PERM CITY	342	50
PERM ZIPCODE	392	9
MAILING ADDRESS 1	401	110
MAILING ADDRESS 2	511	50
MAILING CITY	561	50
MAILING STATE	611	20
MAILING ZIPCODE	631	20
EDR	651	8
STATUS CODE	659	1
SPANISH SURNAME FLAG	660	1
ELECTION DATE	661	8
ELECTION TYPE	669	2
ELECTION PARTY	671	3
ELECTION VOTING METHOD	674	6
TOTAL	N/A	679

Status Code

V	Voter
S	Suspense
C	Cancelled

Spanish Surname Flag

Y	Yes
N	No

CALCULATION OF PUBLIC INFORMATION RATE SCHEDULE

EXTRACT RATES FOR COMPUTER CD-ROM, OR DISK

1 - 124,999	Voters	\$ 93.75	+	\$ 0.0005	Per Voter
125,000 - 249,999	Voters	\$156.25	+	\$ 0.000375	Per Voter
250,000 - 499,999	Voters	\$203.13	+	\$ 0.00025	Per Voter
500,000 - 999,999	Voters	\$265.63	+	\$ 0.000125	Per Voter
Over 1,000,000	Voters	\$328.13	+	\$0.0000625	Per Voter

Additional Media Output Charges

Diskette	\$1.00 each
CD-ROM	\$11.00 each
DVD-R	\$11.00 each

Secretary of State
Elections Division
Credit Card Payment Form
Master Card, Visa, American Express & Discover are accepted

For Office Use Only

DATE: _____ STAFF TAKING ORDER: _____

Please provide all requested information so your request may be processed.

NAME ON CARD: _____

BUSINESS NAME: _____

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

CELL PHONE: _____ **EMAIL:** _____

BILLING ADDRESS: _____

Billing Address same as Mailing Address.

TYPE OF CREDIT CARD: _____

CREDIT CARD #: _____ **EXPIRATION DATE:** _____

PURPOSE OF CHARGE: _____ **AMOUNT OF CHARGE:** _____

X _____
By signing here you authorize the above amount to be charged to your credit card.