

For Internal Use Only

Receipt date: ___/___/___

PIR-Log number: _____

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 must be completed:

Media

- CD-ROM
- FTP - Provide FTP information:

FTP site: _____

Login: _____

Password: _____

Format being provided

Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.

Requestor name:

(required)

Flagging Options ONLY

- Hispanic surname flag notation

Voters may be extracted by

Please checkmark all that apply to the request:

- Include Active Voters
- Include Suspense Voters
- Include Cancelled Voters

I would like my data reduced to the following

Please checkmark all that apply to the request:

- 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
- Voters who Voted in the following Elections:
 - Entire State Counties listed below only

Elections and Years:

A "suspense voter" is a voter known to have an incorrect or outdated address.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 the entire state is requested, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.

COUNTY NAME(S) or DISTRICT NUMBER(S) Check if entire State _____

NOTE: For requests in addition to the options provided on this form, please email elections@sos.texas.gov, as a data manipulation estimate may need to be provided for you.

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First Reviewer: _____

Date reviewed: ___/___/___

EFM: _____

Second Reviewer: _____

Date reviewed: ___/___/___

Date processed: _____

Completion date: ___/___/___

___/___/___

PUBLIC INFORMATION REQUEST FORM DETAILS AND INSTRUCTIONS

Send Order to:

Send Statement to:

Telephone (____) _____

Telephone (____) _____

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 or FTP. If selecting an FTP please provide FTP site, login and password information.
2. Format: Voter registration list (individual records) in zipped fixed width text file(s). See the attached record layout.
3. Extracts & Data Reduction- Options may be selected to select a limited group of voters. Additional extract requests may result in data manipulation, which would result in additional charges. Section 552.231 of the Texas Government Code requires that agencies send a written statement about the cost of potentially manipulating data to any requestor. Should it be determined that your request will require data manipulation, then a statement of the estimated cost of providing the information in the requested form will be supplied to you within the timeframe outlined in section 552.231.
4. In the area for county name(s) or District Number(s), please note the following: **If the entire state is requested**, mark the space provided. **If a district or county is requested**, list the district number or county (write "All" by the county name to indicate all precincts). Otherwise, for partial district, county or other requests, please list the county names and applicable precinct numbers.
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 and/or files will not be uploaded to the FTP 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).

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. The Secretary of State will furnish the information not later than the 15th day after the date the request is received. 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).

Affidavit

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 Voter Data File Record Layout

COLUMN DESCRIPTION	FIELD	LENGTH
COUNTY CODE	1	3
PRECINCT	4	10
VUID	13	10
LAST NAME	23	50
FIRST NAME	73	50
MIDDLE NAME	123	50
FORMER LAST NAME	173	50
SUFFIX	223	4
GENDER	227	1
DOB	228	8
PERM HOUSE NUMBER	236	9
PERM DESIGNATOR	245	12
PERM DIRECTIONAL PREFIX	257	2
PERM STREET NAME	259	50
PERM STREET TYPE	309	12
PERM DIRECTIONAL SUFFIX	321	2
PERM UNIT NUMBER	323	12
PERM UNIT TYPE	335	12
PERM CITY	347	50
PERM ZIPCODE	397	9
MAILING ADDRESS 1	406	110
MAILING ADDRESS 2	516	50
MAILING CITY	566	50
MAILING STATE	616	20
MAILING ZIPCODE	636	20
EDR (EFFECTIVE DATE OF REGISTRATION)	656	8
STATUS CODE	664	1
HISPANIC SURNAME FLAG	665	1
ELECTION DATE	666	8
ELECTION TYPE	674	2
ELECTION PARTY	676	3
ELECTION VOTING METHOD	679	6
TOTAL	N/A	685

Status Code

V	Active
S	Suspense
C	Cancelled

Hispanic Surname Flag

Y	Yes
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Public Information Voting History File Record Layout

COLUMN DESCRIPTION	FIELD	LENGTH
COUNTY CODE	1	3
PRECINCT	4	10
VUID	13	10
LAST NAME	23	50
FIRST NAME	73	50
MIDDLE NAME	123	50
FORMER LAST NAME	173	50
SUFFIX	223	4
GENDER	227	1
DOB	228	8
PERM HOUSE NUMBER	236	9
PERM DESIGNATOR	245	12
PERM DIRECTIONAL PREFIX	257	2
PERM STREET NAME	259	50
PERM STREET TYPE	309	12
PERM DIRECTIONAL SUFFIX	321	2
PERM UNIT NUMBER	323	12
PERM UNIT TYPE	335	12
PERM CITY	347	50
PERM ZIPCODE	397	9
MAILING ADDRESS 1	406	110
MAILING ADDRESS 2	516	50
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TOTAL	N/A	685

Election Type

Type	Description
GE	General
CP	Primary
RU	Runoff
SE	Special
LO	Local Election
PO	Open Primary
LR	Local Runoff Election

Voting Method

Type	Description
EV	Early Voting in Person
ED	Election Day
AX	Absentee Ballot Rejected
AV	Absentee Ballot Accepted
AB	Absentee Ballot Received
PB	Provisional Ballot Accepted
PX	Provisional Ballot Rejected

Hispanic Surname Flag

Y	Yes
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Status Code

V	Active
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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

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: _____

*****3 OR 4 DIGIT SECURITY CODE:** _____ (required)

AMOUNT OF CHARGE: _____