

Monterey County Elections

1441 Schilling Place – North Building Salinas CA 93901
PO Box 4400 Salinas CA 93912-9940
Phone 831-796-1499
Fax 831-755-5485

Application for Voter Registration Information

1. Please provide a copy of your State driver license, State ID or US passport.

Pursuant to California Code of Regulations, Title 2., Division 7., Chapter 1., Article 1., and Elections Code Sections 2188 and 2194, voter registration information is available to persons or groups for election, scholarly, journalistic, political, or governmental purposes as determined by the Secretary of State. All requests to view, to purchase, or to use voter registration information must be accompanied by a written application.

2. Please check all that apply

- I am a candidate for federal, state or local office and I declare I will use the requested information for my campaign.
 I am a member, or representative of a committee for or against an initiative or referendum measure and I declare will use the requested information in that campaign.
 I am a government employee and I declare that the requested information will be used for governmental purposes.
I am a person who wants to use the requested information for one or more of the following purposes:
 Election, Scholarly, Journalistic, Political or Governmental

3. Applicant's Name:

First Middle Last

State Driver License,
ID or US Passport:

Number State Expiration Date

Residence Address:

Number Street City State Zip
If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)

Mailing Address:

Number Street City State Zip

Contact Information:

Telephone Number E-mail Address

Business Address:

Number Street City State Zip
If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)

Business Contact:

Telephone Number E-mail Address

4. If this application is on behalf of any person or persons other than the applicant, this section must be completed.

In addition to this application please provide a letter from the person, candidate, campaign or organization allowing you to collect and use the information on their behalf.

Name of the Person or Organization on
Behalf You Are Requesting Data: _____

Name of the Person in the Organization
Authorizing the Request: _____

Organization
Address:

Number Street City State Zip

Organization Contact
Information:

Telephone Number E-mail Address

5. What is the name of the District and Trustee Area?

6. Please describe the purpose and intended use of the information.

7. What voter information do you want? _____

These reports are available.

- 1. Walking List
- 2. Alpha List
- 3. Electronic Voter Data File

Please contact Data Services for details or other data requests at 831-796-1499.

8.

The applicant hereby agrees that the aforementioned information set forth in affidavits of registration of voters and any information derived from said tabulating cards, electronic data processing tapes and indices (hereinafter collectively referred to as "registration information") will be used only for election or governmental purposes, as defined by Title 2, Division 7, Article 1, Section 19003 of the California Administrative Code.

The applicant further agrees not to sell, lease, loan or deliver possession of the registration information, or a copy thereof, or any portion thereof, to any person, organization or agency without receiving written authorization to do so from the Secretary of State or from the source agency.

Subject to provisions of Title 2, Division 7, Article 1, Sections 19001 through 19007 of the California Administrative Code, the applicant agrees to pay the State of California, as compensation for any unauthorized use of each individual's registration information, an amount equal to the sum of 50 ¢ multiplied by the number of times each registration record is used by the applicant in an unauthorized manner.

Signature _____
(Full Name as it appears on this Application)

Title _____

Date _____

Place _____