

REQUEST FOR INFORMATION FROM QVF VOTER FILES

CHARTER TOWNSHIP OF PLYMOUTH

Date of Request: _____ **Committee Name:** _____

Requestor: _____ **Telephone:** _____

e-mail: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Information from the qualified voter file is available in electronic format at no charge, if sent by e-mail. If you want labels for all absentee ballots that are sent out; they will be provided at our cost which is subject to change.

You may receive the labels from our first mass mailing of absentee ballots if you set up an account in advance and prepay for these items. Additional mailings will be done on a daily basis.

Specific Information Requested (Election Dates, Lists (\$.01 per name), size of labels, etc.) All requests must be accompanied with payment. Checks should be made payable to: Charter Township of Plymouth

Signature: _____ **Date:** _____

Office Use Only:

Date Request Received: _____ **Date Completed:** _____

Date Contact Notified: _____ **Date of Pick-up:** _____

Total Due to the Charter Township of Plymouth: _____