



# COUNTY OF GLENN ELECTIONS DEPARTMENT

SENDY PEREZ  
Assessor  
County Clerk  
Recorder  
Elections

Courthouse Complex  
516 West Sycamore Street, 2<sup>nd</sup> Floor  
Willows, CA 95988

(530) 934-6414  
FAX (530) 934-6571

## NOTICE

TO: All Applicants for Voter Information

FROM: Sendy Perez, County Clerk

RE: CONFIDENTIAL VOTER INFORMATION

Please be aware that the list you are requesting contains confidential voter information. You are responsible for its use, which is restricted by law to election, scholarly, journalistic, political, or governmental purposes as determined by the Secretary of State. You may not sell, lease, loan, or give any part of this information to any person, organization or agency without first receiving written authorization from the Secretary of State or county elections official.

Specifically restricted voter information, under California Law:

- Home address – street address only
- Telephone number
- Precinct number

Please submit your application for voter information along with a copy of your Driver's License or State ID, and \$50 (\$25 set-up fee and \$25 per cd) to:

Elections Department  
516 W. Sycamore Street, 2<sup>nd</sup> Floor  
Willows, CA 95988

Questions? Please call us at (530) 934-6414

# APPLICATION FOR VOTER REGISTRATION INFORMATION

Pursuant to Elections Code Sections 2187, 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, purchase, or use voter registration information must be accompanied by a written application.

**PLEASE PRINT IN INK OR TYPE**

NAME: \_\_\_\_\_  
First Middle Initial Last

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**\*\*\*PLEASE INCLUDE A GOOD COPY OF YOUR DRIVER'S LICENSE.\*\*\***

Complete Residence address: \_\_\_\_\_  
Number Street

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number City State Zip Code

If no street address, give postal mailing address and describe location of residence.

\_\_\_\_\_  
Mailing Address City State Zip Code

Complete Business Address: \_\_\_\_\_  
Number Street

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number City State Zip Code

If no street address, give postal mailing address and describe location of residence.

\_\_\_\_\_  
Mailing Address City State Zip Code

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

\_\_\_\_\_  
Name of person or group requesting voter information

Complete business address: \_\_\_\_\_  
Number Street

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number City State Zip Code

\_\_\_\_\_  
Name of person authorizing or requesting this application

## THIS SECTION MUST BE COMPLETED

Specific information requested: \_\_\_\_\_

Intended use of voter registration information: \_\_\_\_\_

\*The aforementioned voter registration information set forth in affidavits of registration or derived from computer terminals, electronic data processing tapes or disks, printed labels and/or computer-printed listings will be used only for election, scholarly, journalistic, political, or governmental purposes as determined by the Secretary of State. The information (or a portion or copy thereof) will not be sold, leased, loaned, or given to any person, organization or agency, without first receiving written authorization to do so from the Secretary of State or the county elections official. I certify, under penalty of perjury, that all information on this form is true and correct under the laws of the State of California.\*

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature (Full Name): \_\_\_\_\_

# CONFIDENTIAL VOTER INFORMATION

Access and use of voter information is restricted by Elections Code Sections 2188 and 2194 and Government Code Section 6254.4.

## **CONFIDENTIAL - unavailable to anyone for any use.**

- Drivers license number
- State identification card number
- Signature

**RESTRICTED - may be available for election, scholarly, journalistic, or political purposes. Except for government agencies, an application must be completed by the requestor and filed with the Elections Department before restricted information may be obtained.**

- Home address- street address only
- Telephone number
- Occupation
- Precinct number
- All prior registration information shown on the registration card

**UNRESTRICTED - available to any person, by telephone, over-the-counter or in writing without filing an application.**

- Name
- Residence city
- Post office box address
- Birth date
- Registration date
- Affidavit number
- Political party

I am an applicant for voter information and I have read and understand the information contained on this page.

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Signature of applicant

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date