VOTER INFORMATION REQUEST

Custodian or staff may ask for contact information from requestor in order to fill the request.

Once a request is made, the information will be sent or given upon receipt of payment to the Supervisor of Elections Office.

With the exception of email there is no charge

REQUESTOR INFORMATION

(A person authorized by section 98.212 of the Florida Statutes allowed acquiring such information.)

Date:	Name (Optional):	
Candidate/Committee (Optional):		
Mailing Address:		
City, State:		REGISTERED VOTERS
Zip Code:		Check All that Apply
		All active voters
Telephone Number:		☐ Inactive only
Email Address:		
Fax Number:		Places Specific or All
		(Please Specify – or ALL)
HOW DO YOU WISH		Municipal Residents
TO RECEIVE INFORMATION?	WHAT FORMAT?	(Horseshoe Beach or Cross City)
Check One	Please Indicate	VOTER LISTED HOW?
☐ Mail	☐ CD	Check All that Apply
E-Mail-No Charge	Hard Copy	☐ Alphabetically
☐ Fax	☐ PDF	By Precinct
☐ In Person	USB Flash Drive	County Wide
OTHER INFORMATION REQUESTED:		<u> </u>
		☐ Specific
		Precinct
		Residence Address
		■ Mailing Address
For CD USB Fleeb Drive	a an Hand Camir	VOTE BY MAIL INFORMATION
For CD, USB Flash Drive or Hard Copy the charge is \$10.00 per request.		Check One
Additional charges may apply if the information requested requires		☐ Vote by Mail Label Set Up fee \$10
in-depth research. Additional charges will apply for postage & mailing.		per election (you provide the
Please remit payment to the Dixie County Supervisor of Elections Office		labels for printing to our office)
OFFICE USE ONLY		Electronic Candidate Files Set Up
File #:		fee \$10 per election (you receive
Payment Method: Amount:		electronic .txt files via candidate
Received By:		vote by mail login and print your own labels)
		J OWIT Iddel3)



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