

REQUEST FOR VOTER REGISTRATION/POLL LIST COPIES

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SPECIFIC ELECTION _____

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MUNICIPALITY _____ WARD(S) _____

ALPHABETICAL LIST - BY INDIVIDUAL'S NAME _____

WALKING LIST - BY STREET NAME _____

WITH VOTING DATES _____

MEDIA REQUESTED: Hard Copy _____

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CD ROM ___ **Disk** ___ _____

ESTIMATED COST \$ _____

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NAME _____

ADDRESS _____

PHONE NUMBER _____

I hereby request copies as indicated above. I understand that this order cannot be canceled once printing has started and that no refund will be made after the list has been printed. I agree to pay the estimated cost of these copies before such copies will be printed.

Signature

SEND A SIGN COPY AND DEPOSIT (make check out to Ozaukee County Clerk) TO: County Clerk, P.O. Box 994, Port Washington, WI 53074-0994 (PHONE: 262-284-8110 or 262-238-8110) OR E-MAIL: ctyclerk@co.ozaukee.wi.us.