



SOLANO COUNTY

REGISTRAR OF VOTERS

TIM FLANAGAN
Chief Information Officer
Registrar of Voters
TPFlanagan@solanocounty.com
(707) 784-6675

JOHN H. GARDNER
Assistant Registrar of Voters
JHGardner@solanocounty.com
(707) 784-3366

Application to Purchase/View Voter Registration Information Applicant Information

The Applicant hereby agrees that the aforementioned information set forth in Affidavits of Registration of voters and any information derived from said electronic data processing information (hereinafter collectively referred to as "registration information") will be used ONLY FOR ELECTION OR GOVERNMENTAL PURPOSES, or research as defined by Title 2, Division 7, Article 1, Section 19003 of the California Code of Regulations, and Elections Code Section 2194 and Governmental Code Section 6254.4.

The Applicant (as principal or agent) further agrees NOT to sell, lease, loan or deliver possession of the registration information, or a copy thereof, or any portion thereof, in any form or format, to any person, organization or agency without first submitting a new application and receiving written authorization from the Solano County Registrar of Voters to release such registration information.

WILLFUL VIOLATION OF THESE PROVISIONS IS A MISDEMEANOR (ELECTIONS CODE SECTION 18109). In addition, subject to provisions of Title 2, Division 7, Article 1, Sections 19001 through 19007 of the California Code of Regulations, the Applicant agrees to pay to the State of California, as compensation for any UNAUTHORIZED USE OF EACH INDIVIDUALS REGISTRATION INFORMATION, an amount equal to the sum of fifty cents (\$.50) multiplied by the number of times each registration record is used by the Applicant in an unauthorized manner.

*Full name of Applicant (the person, business, organization or committee for whom application is submitted)

*Phone _____ *E-mail _____ Date _____

*Residence Address _____ City _____ State _____ Zip Code _____

Business Address (if different than Residence Address) _____ City _____ State _____ Zip Code _____

Mailing address (if different from above)

*Driver's License Number (including state if not CA) _____ *Phone Number _____

"I certify under penalty of perjury, under the laws of the State of California, that all of the above information provided by me is true and correct."

Executed at: _____
City _____ County _____ State _____

*Signature of applicant or agent _____ *Print name _____ Date _____

*For what purposes are you requesting this information? _____
(Political research, Recall Initiative / Referendum, Scholarly research)

*Governmental Candidate (which) _____

*Proposed ballot measure (which) _____

Other _____

*Intended Use of Information _____

***Required Information**

675 Texas Street, Suite 2600
Fairfield, CA 94533
(707) 784-6675
Fax (707) 784-6678

www.solanocounty.com



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Request for Information "VBM Information File"

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Select a type of file:

| | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> A. | Vote-by-Mail Subscription service | Cumulative VBM files that are e-mail daily | Cost: \$220.00 |
| <input type="checkbox"/> B. | Custom File (complete steps 1-5 below) | Mark desired options below. | Cost: Varies based on options. Charge for staff time is \$2.24/ minute. (Average time is 15 minutes or \$33.60) |

All costs must be paid prior to receiving files.

Step 1. Check the appropriate boxes:

E-Mail _____ FTP: _____
Site Information

Step 2. Select File Format (choose only one):

Flat File Comma Delimited Tab Delimited

Step 3. Select Ballot Tracking (choose only one):

Issues Returns Both

Step 4. District Information (choose only one):

Countywide Only These Specific Precincts: _____
 Only These Specific Districts: _____ Only These Specific Voting Consolidations: _____

Step 5. Other Information:

Search only From Date: _____ / Time: _____
 these dates: To Date: _____ / Time: _____

Include All Eligible Voters or **ONLY INCLUDE** Perm Vote by Mail **EXCLUDE** Perm Vote by Mail
 Include All Political Parties or Specific Parties: _____
 Cumulative

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FOR OFFICE USE ONLY:

Clerk Initials: _____ Order Date: _____ Amt Paid: _____
 Receipt #: _____ ID Verified: _____