



SOLANO COUNTY

REGISTRAR OF VOTERS

Request for Information "Multipurpose Voter File"

IRA ROSENTHAL

Chief Information Officer
Registrar of Voters
IJRosenthal@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? _____
***Required Information** (Political research, Recall Initiative / Referendum, Scholarly research)

Governmental Candidate (which) _____

Proposed ballot measure (which) _____

Other _____

Intended Use of Information _____

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



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Select a type of file:

<input type="checkbox"/>	Voter File - Countywide on CD (pre-made on Mondays)	Contains all Solano County voters and vote history for past 20 elections – tab delimited.	Cost: \$10.00
<input type="checkbox"/>	Custom File (complete steps 1-5 below)	Mark desired options below.	Cost: Varies based on options. Charge for staff time is \$2.36/minute. (Average time is 15 minutes or \$35.40)

All costs must be paid prior to receiving files.

1. Check the appropriate boxes:

FTP – Site Information: _____

CD E-Mail _____

2. Select File Format (choose only one):

Flat File Comma Delimited Tab Delimited

3. Select Voter History (choose only one):

These Specific Elections: _____

None Last 20 Elections _____

4. District Information (choose only one):

Only These Specific Precincts: _____

Countywide

Only These Specific Districts: _____

Only These Specific Voting Consolidations: _____

5. Other Information:

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

Include All Eligible Voters or **ONLY INCLUDE** Perm Vote by Mail **EXCLUDE** Perm Vote by Mail

Include All Political Parties or Specific Parties: _____

Include Precinct District Inventory (separate file) – includes district types within each precinct. i.e. Congressional, Senate, etc.

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FOR OFFICE USE ONLY:

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