

Grays Harbor County Auditor's Office, Elections

100 West Broadway, Suite 2, Montesano, WA 98563 Phone: (360) 249-4232 Fax: (360) 249-3330

REQUEST FOR REGISTERED VOTER DATA

The Auditor shall furnish copies of voter data as allowed in RCW 29A.08.720. Such data shall be used for political purposes only. Any person who violates any portion of RCW 29A.08.720 /740 relating to use of such data, shall be guilty of a class C felony, punishable by: imprisonment for not more than five (5) years; a fine of not more than \$10,000.00; both fine and imprisonment, and may additionally be liable for the nuisance fees, class action and attorney's fees (RCW 29A.08740)

I certify that such data or any alterations thereof will not be used for any commercial or non-political purpose. I shall exercise due care in the responsibility of securing this data and shall take precautions to prevent its misuse.

I am jointly and severally liable for damages incurred from any misuse of this data in my possession or from my distribution.

Name: _____ Candidate/Group _____

Address: _____

Day Phone: _____ Cell Phone: _____

E-Mail: _____

Signed: _____

FORMAT:	FILE TYPE:
_____ CD	_____ Microsoft Excel format
_____ E-Mail	_____ Text (Tab-separated columns)
_____ List	_____ Comma-separated values
_____ Labels	_____ HTML Table
_____ Matchbacks (Returned Absentees)	

ADDRESS FORMAT: (choose one)	AREA:
_____ Both residential and mailing	_____ Full County
_____ Residential Only _____ Mailing Only	_____ Precinct(s) _____
	_____ School District(s) _____
	_____ Fire District(s) _____
	_____ Congressional District(s) _____
	_____ Legislative District(s) _____

INCLUDE: (these options not available for labels)

_____ Voting History

_____ Registrant ID#

_____ Registration Date

_____ Date Of Birth

_____ Gender

_____ Precinct Split/Precinct Name

SPECIAL INSTRUCTIONS:

COST: _____ **FOR OFFICE USE ONLY**

Disk = \$7.00	E-Mail = \$6.00	Price _____	Date _____
List = .15 per page	Labels = .03 per label	Cash _____	Check # _____