



YORK COUNTY BOARD OF ELECTIONS
REQUEST FOR VOTER LISTS

Requestor: _____

Date of Request: _____

If you are a candidate: Date Petition was filed: _____

Was the Petition rejected: Yes No

I would like to obtain the following list: _____

I would like to receive this document in the following format:

USB (\$20.00) Printed (fees to be calculated)

If requesting individual election districts only: (print format may be available)

<input type="checkbox"/> For the following election district(s): _____	_____	_____
	Municipality	Ward District
_____	_____	_____
	Municipality	Ward District

Total Cost: \$ _____

Pursuant to 4 Pa.Code §183.13 a list shall be provided without charge to political parties, political bodies and candidates.

Payment may be made by cash, check, money order, or credit card at the York County Treasurer's Office located at 28 East Market Street, 1st Floor, York, PA 17401. Please make check or money order made payable to: The County of York

You may also pay by credit card at by visiting the York County Treasurer's website at: www.yorkcountypa.gov/county-administration/row-officers/treasurer.html and clicking on Pay My York County Invoice. If you are paying online, please submit a copy your receipt along with a photocopy of your ID.

AFFIRMATION

I affirm that any information obtained from the records requested from the York County Elections and Voter Registration Office will not be used for commercial or improper purposes, as required by 25 Pa.C.S. § 1207 (b), and **will not be used for purposes unrelated to elections, political activities, or law enforcement as required by 25 Pa. C.S. § 1404(b)**. I further affirm that I will not publish any list or public information on the Internet, as such publication is prohibited by 4 Pa. Code §§ 183.13 (g) 183.13 (k). I verify that this statement is true and correct. I understand that false statements made are subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Requestor's Signature _____ Email Address _____

Requestor's Address: _____

Requestor's Telephone Number: _____ (required)

Requesting Information on behalf of: _____

Identification provided by Requestor:

<input type="checkbox"/> PA Driver's License or PA Photo ID Card	Driver's License or ID#: _____
<input type="checkbox"/> Employee Photo Card	ID#: _____
<input type="checkbox"/> Other Photo ID – Type of Card: _____	ID#: _____
<input type="checkbox"/> Other form of Identification – Type of ID: _____	ID#: _____

County Employee Name: _____

(This form will not be available for public inspection or copying.)