

CHARLES COUNTY BOARD OF ELECTIONS
201 East Charles Street - Office Location
P O BOX 908 - Mailing Address
La Plata, MD 20646
Telephone:(301) 934-8972 OR (301) 870-3167

APPLICATION FOR LISTING OF REGISTERED VOTERS

APPLICANT'S NAME: _____ DATE: _____
APPLICANT'S RESIDENCE ADDRESS: _____
TELEPHONE NUMBERS: HOME _____ BUSINESS _____
REGISTERED VOTER IN: _____ (COUNTY OR CITY) DIST./WARD _____ PRECINCT _____

Delivery Address (If Applicable - Must indicate Street Number and Name, lists will be shipped Fed-Ex or UPS)
Shipping billed to applicant, please provide Fed-Ex or UPS number or label

IF THE LIST IS BEING PURCHASED ON BEHALF OF A CORPORATION OR OTHER BUSINESS ENTITY, NAME AND ADDRESS OF ENTITY: _____

INTENDED USE OF DATA: _____

MEDIA TYPE AND COSTS: (SELECT ONE)

_____ Compact Disc (\$40.00 per disc)	_____ Labels (\$.03 per label)	_____ Printout (\$.005 per name)
JOB SET UP CHARGE \$10.00	JOB SET UP CHARGE \$10.00	JOB SET UP CHARGE \$10.00
Total: \$50.00	__ Individual __ Household	__ Individual __ Household

FORMAT: (SELECT ONE)

_____ ENTIRE COUNTY MUNICIPALITY (_____ INDIAN HEAD OR _____ LA PLATA)
_____ PARTIAL COUNTY (SPECIFY Precinct's)
VOTER TYPE: (SELECT ONE) _____ ACTIVE _____ ACTIVE & INACTIVE

SORT OPTIONS: (SELECT ONE FROM EACH COLUMN)

PARTY AFFILIATION	SORT SEQUENCE (Select One)	SEX (Select One)	VOTING HISTORY (OPTIONAL)
_____ ALL	_____ NAME (ALPHABETICAL)	_____ FEMALE	
_____ SPECIFY	_____ STREET (ALPHABETICAL)	_____ MALE	_____ YES _____ NO
	_____ DISTRICT/PRECINCT	_____ ALL VOTERS	

ADDITIONAL SORT OPTIONS: (SELECT ONE)

_____ REGISTRATION DATE _____ DATE OF BIRTH
FROM: _____ MM _____ DD _____ YY FROM: _____ MM _____ DD _____ YY
TO : _____ MM _____ DD _____ YY TO : _____ MM _____ DD _____ YY

PLEASE READ STATEMENT BEFORE SIGNING: Under penalty of perjury, I hereby declare, as required by Article 33, Section 3-507, Annotated Code of Maryland, that I do not intend to and I will not use the list of registered voters for which I am applying for purposes of commercial solicitation or for any purpose not related to the electoral process, and that I will not knowingly allow the list to be used by any other person or entity for purposes of commercial solicitation or for any other purpose not related to the electoral process. I am aware that any person who knowingly allows such a list under his or her control to be used for commercial solicitation or for any other purpose not related to the electoral process is guilty of a misdemeanor and is subject to punishment under Article 33, Title 16, Annotated Code of Maryland.

(SIGNATURE OF APPLICANT)

I, _____, AGREE TO PAY THE BALANCE DUE, UPON COMPLETION OF THIS REQUEST.
(print applicant's name)

GENERAL INFORMATION

QUALIFICATIONS: To apply for a voter registration list the applicant must be a registered voter in Maryland and must sign a statement, under penalty of perjury, that the list is not intended to be used for purposes of commercial solicitation of any other purpose not related to the electoral process. (Article 33, Section 3-507, Annotated Code of Maryland and COMAR 33.03.02.03A and 33.03.02.04).

APPLICATION DEADLINE: Before any election, neither the State Administrator nor any election director may respond to an application for a voter registration list unless the application was filed on or before the registration deadline. Applications received after that date shall be returned. (COMAR 33.03.02.05B)

TURN AROUND TIME: 10 working days

DEPOSIT: A deposit of **\$10.00**, in either cash, check or money order must accompany each application. Please make checks payable to: **Charles County Board of Elections**

RETURN CHECK POLICY: All returned checks will be assessed a fee of \$25.00

CONTACT PERSON: Tracy A. Dickerson, Election Director I
(301) 934-8972 or (301) 870-3167