

COUNTY OF KENDALL, ILLINOIS

111 W. Fox St., Room 103 Yorkville, IL 60560

(630)553-4105 Fax: (630)553-5283

REQUEST FOR VOTER DATA

Name of Political Committee/
Government Entity: _____

Name of Contact Person: _____

Address: _____

Contact Number: _____

Voter Data Requested: _____

Requested Format:

Excel

PDF

Labels

Precinct List (\$6.00/1st one, \$3.00 each additional)

of Precincts: _____

District List (\$10.00/District)

of Districts: _____

County Wide List (\$25.00)

1 @ \$25.00

Labels (\$1.00 a page=30 labels)

of Pages: _____

Requested Media:

CD

Email

Flash Drive (County does not provide FD)

Mail

Email Address: _____ or

Mailing Address: _____ or

Preferred Pick-up Date: _____

I, the undersigned, am aware that only those state or local political committees registered pursuant to the Illinois Campaign Finance Act or Federal Campaign Act or governmental entities are qualified to receive this data. I am also aware that this data shall not be used under any circumstances for purposes of commercial solicitation or other business purposes, and that to do so may result in substantial penalty.

(Chapter 10 ILCS 5/4-8, 5-7 and 6-35, Illinois Compiled Statutes)

Signature of Candidate, Treasurer or Chairman/Signature of Government Official

Date

OFFICE USE ONLY

Date Recv'd: _____ Recv'd via: _____ Date P/up: _____ Payment Method: _____

Check # _____ Total Cost: _____ Clerk Initials: _____