Colusa County Clerk-Recorder
Registrar of Voters

546 Jay Street, Suite 200
Colusa CA 95932
530.458.0500
www.countyofcolusa.org/elections
clerkinfo@countyofcolusa.org

APPLICATION TO PURCHASE/VIEW VOTER REGISTRATION INFORMATION

_____

Full name of person, business, organization or committee (if committee state beneficiary)

_____

Phone   Email

_____

Address (Street name and number)

_____

City   State   Zip

_____

Mailing Address (If different from above)

_____

City   State   Zip

USE INFORMATION

This application is for approval to purchase voter registration from Colusa County.

What type(s) of business, organization, or committee do you represent?

☐ Political   ☐ Investigation   ☐ Private Vendor

☐ Media   ☐ Educational   ☐ Governmental

☐ Legal   ☐ Other (state)_____

For what purpose(s) are you requesting this information?

☐ Candidate (which)_____

☐ Proposed ballot measure (which)_____

☐ Political Research   ☐ Initiative/Referendum

☐ Governmental   ☐ Scholarly Research

☐ Recall   ☐ Other_____

Explain in detail your intended use of this information. If more space is needed, continue on another sheet of paper. (NOTE: Use of voter registration files is limited. See reverse for prohibitions.)

_____

_____

_____

_____

_____

ORDER FORM

All applications must be received with an original signature, clear copy of the applicant's current valid driver license, or state identification card, any accompanying documentation, and payment before the application will be reviewed or processing begun for data extract. Applications will NOT be accepted by fax or e-mail.

What format do you prefer the data to be in?

☐ Text File   ☐ MS Excel   ☐ PDF

What type of media do you want your information on?

☐ CD-ROM

☐ USB/Flash Drive
(*Must provide brand new, sealed in package USB drive*) ___

Include Voter History For:

☐ All Elections (Separate File From Voter Data File)
☐ Last Five Statewide Elections (Combined File)
☐ Other (List Up To Five)_____

For what location(s) do you want registration information?

☐ Countywide

☐ District

☐ Other _____

NOTE: Please allow 7-14 business days, or more, to process the data once an application has been submitted and approved.

SHIPPING INFORMATION

Ship via:

☐ Will-Call   ☐ Secure FTP/Dropbox ☐ US Mail* ☐ Other*_____

_____
Ship To (Full name and/or company name)   Phone

_____
Address

_____
City   State   Zip

_____
FTP/Dropbox Site Address/Login/Password

*Include proper labels/envelopes and any additional applicable fees

AGREEMENT

INFORMATION FURNISHED ON THIS APPLICATION IS SUBJECT TO VERIFICATION.

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 Government 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 Secretary of State 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 INDIVIDUAL'S REGISTRATION INFORMATION, an amount equal to the sum of fifty cents ($0.50) multiplied by the number of times each registration record is used by the Applicant in an unauthorized manner.

"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   Date

_____
Print name of applicant or agent   Driver's License/ID number (include state if not CA)

_____
Title or position   Phone

_____
Residence address

_____
City   State   Zip