



Voter File Access Application

Name _____

Address: _____

Phone: _____ Email: _____

Office for which you are running: _____

Date of Election: _____

Do you require training on the Votebuilder Database: Yes ___ No ___

DO NOT WRITE BELOW, FOR OFFICE USE ONLY

Date of Application: _____ Processed by: _____

PLACE COMPLETED FORMS IN THE CHAIR'S FOLDER

APPROVED / DENIED (CIRCLE ONE) DATE OF APPROVAL: _____