REQUEST FOR GREENE COUNTY VOTER ROLLS

| DATE | |
|---|---|
| NAME | |
| ADDRESS | |
| DAYTIME TELEPHONE NUMBER | EMAIL |
| SIGNATURE | |
| Mark all that apply: | |
| County wide voter roll (\$100.00) | |
| Supervisor District voter roll (\$20) Circle One | Dist 1 Dist 2 Dist 3 Dist 4 Dist 5 |
| State House or Senate District voter roll (\$50) Circle | One House 105 House 86 Sen 43 Sen 45 |
| Justice Court Post voter roll (\$50) Circle One Post 1 Post 2 | |
| Choose all that apply | |
| Walking List (voters will be listed by street name and house number) | |
| | |
| If requesting voter lists from a specific election, please list be | low. If primary election, please notate which party: |
| If choosing multiple lists in paper form, the charge will be per information (on disk or via email), there will be one charge (\$ that will include a walking list, alpha list with physical addres. mailouts. | 100 county wide, \$20 beat, \$50 post/house district) |
| Circle one Digital Print | |
| If requesting information in a specific digital format, circle on | ie: .pdf .txt .csv .xls |
| ************************************** | ************************************** |

By Clerk or Deputy _____

Make check payable to Greene County Circuit Clerk with this form attached and return to the Circuit Clerk's office or mail to P.O. Box 310, Leakesville, Mississippi 39451. If you have any questions please call the Circuit Clerk's Office at (601) 394-2379 or <u>cbounds@greenecountyms.gov</u>. YOU WILL RECEIVE A RESPONSE WITHIN 7 DAYS.