

REQUEST FOR GREENE COUNTY VOTER ROLLS

DATE _____

NAME _____

ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

SIGNATURE _____

Mark all that apply:

_____ County wide voter roll (\$50.00)

_____ Supervisor District voter roll (\$10) Circle One Dist 1 Dist 2 Dist 3 Dist 4 Dist 5

_____ State House District voter roll (\$25) Circle One HD 105 HD 86

_____ Justice Court Post voter roll (\$25) Circle One Post 1 Post 2

Choose all that apply

_____ Walking List (voters will be listed by street name and house number)

_____ Alpha list with physical address and last vote date

_____ Alpha list with mailing address (suitable for mail merging)

If requesting voter lists from a specific election, please list below. If primary election, please notate which party:

If choosing multiple lists in paper form, the charge will be per list. However, should you choose to receive digital information (on disk), there will be one charge (\$50 county wide, \$10 beat, \$25 post/house district) that will include a walking list, alpha list with physical address and alpha list with mailing addresses suitable for mailouts.

Circle one Digital Print

If requesting information in a specific digital format, circle one: .pdf .txt .csv .xls

Date received _____ Date delivered _____

Amt paid _____

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 cbounds@greenecountymiss.gov. YOU WILL RECEIVE A RESPONSE WITHIN 7 DAYS.