



Ulster County Board of Elections

284 Wall Street, Kingston NY 12401

Phone: (845) 334-5470 - Fax: (845) 334-5434 - www.voteulster.com

Request for Access to Public Records

Requestor Information (Please Print):

NAME: _____ PHONE: (_____) - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

IS REQUESTOR APPLYING ON OWN BEHALF? YES _____ NO _____ IF NO LIST NAME AND ADDRESS OF WHO FOR:

Information Requested:

_____ List(s) _____ Labels _____ CD(s) EMAIL _____

Please provide as much detail as possible re your request. For **LISTS**: define All Voters or Party; Walking or Alpha; Voter History, Phone #'s, etc. For **LABELS**: Household or Individual. For **CDs**, please indicate the type of file - Excel or TXT. For **EMAIL**: define same information as LISTS and CD's above. **THERE ARE NO REFUNDS.**

By submitting this form, I hereby agree to pay fees associated with my request as detailed below:

COPY FEE: 8 1/2 x 11" - \$.25 cents per page. MAILING LABELS: \$.50 cents per sheet.

CD: \$2.50 per CD. EMAIL: No Charge.

Payment is due upon receipt of the information requested.

Make checks payable to: County of Ulster and remit to the Board of Elections

X _____
Signature of Requestor

X _____
Date of Application

Billing Information

List(s) (Pages):

_____ @ \$0.25/Page = \$ _____

Labels (Sheets):

_____ @ \$0.50/Sheet = \$ _____

CD(s):

_____ @ \$2.50 ea. = \$ _____

Email - No Charge.

Total Due: \$ _____

Cash Receipt # _____

Check # _____

Date Completed: _____ BOE Initials: _____/_____ Commissioner's Initials: _____/_____