



ULSTER COUNTY BOARD OF ELECTIONS

79 Hurley Ave, Suite 112
KINGSTON, NEW YORK 12401
Telephone: 845 334-5470
FAX: 845 334-5434

Request for Access to Public Records

NOTICE: NYS Election Law Sec 3-103(5) prohibits using information derived from voter registration records for non-election purposes. The applicant hereby requests access to the voter registration records requested, accepts and understands the conditions outlined above and certifies that they have a right of access to the records. Any person who knowingly and willfully violates this provision is guilty of a misdemeanor (EL SEC 17-168)

Requester Information (Please Print):

Name: _____ Phone: (____) _____

Address: _____

City/State/Zip: _____

Email: _____

Is Requester applying on own behalf? Yes No If No – Complete Below
Name and Address of Person the Information is Requested for:

Name: _____

Address: _____

Information Requested:

Please provide as much detail as possible (Early Voting or Absentee turnout reports, Party, Jurisdiction, Type of List, i.e. calling, walking, voter history, etc.). Voter List Voter Labels

Sort by Alpha Election District Sort by Street Address Household the labels?

Signature of Requestor: _____ Date: _____

BOE Initials: _____

Date Completed: _____

Commissioners Initials: _____

Make checks payable to County of Ulster

By submitting this form, I agree to pay for fees associated with my request and abide by NYS Election Law Sec 3-103(5):

List # _____ Pages @ \$0.25 _____

Labels # _____ Pages @ \$0.50 _____

Email Labels/Lists – NO CHARGE

Total Due: \$ _____

Cash Receipt # _____ Check # _____