



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: _____

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:

Data Request PDF or CSV/Excel	✓	Details PDF or CSV/Excel	Jurisdiction Location	Sort Order Alpha or TWD*	Party <i>Please specify</i>
Walking List					
Calling List					
Mailing Labels		House-held? Yes or No			
Copies of Filed Paperwork					
Voter History Reports <i>Please specify contest and date of election</i>					
Other					

*Town/Ward/District

Notes:

Signature of Requestor: _____ Date: _____

Date Completed: _____ Commissioners Initials: _____

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

Printed List # _____ Pages @ \$0.25 _____

Printed Labels # _____ Pages @ \$0.50 _____

Email Labels/Lists – NO CHARGE

Total Due: \$ _____

Cash Receipt # _____ Check # _____

Make Checks Payable to County of Ulster