Robin M. O'Connor Lake County Clerk



18 North County Street, Room 101 Waukegan, Illinois 60085-4364 LakeCountyClerk.info Phone 847 377 2400 Fax 847 984 5827

APPLICATION FOR VOTER COMPACT DISK

Contact Person:			
Street Address:			
City:		Zip:	
Telephone:	Fax:	Email:	
Political Committ	tee:		
District(s) Reque	sted:		
	e provided on compact disk (CD). Vote lections are specified.	r history will be given for the last five (5) election	ns
Data Format:	ASCII Delimited (text) Microsoft Access Database Microsoft Excel 2007 Spreadsheet Other	Voter History Dates (check no more than 5 boxes Year Primary Gen/Consol	•
Delivery Instructi	ons:	Teal [Trimary [Gen/Gen/Gen/Gen/Gen/Gen/Gen/Gen/Gen/Gen/	
Hold for pic	ck up (Name)		
Mail (addre	ess, if different from above)		
(pre-p	ayment required)		
pursuant to the Illing qualified under state ordinances, may rec <u>either a campaign c</u> will be used only fo	ois Campaign Finance Act or the Federal Ca law using the data for a governmental purpose eive this data. Payment for voter registration committee check or money order or with a go or bona fide (political and governmental info urposes of commercial solicitation or other busi	reement that only a bona fide political committee register impaign. Act, or, in the alternative, a governmental ender and not in violation of any state laws or applicable etche data must be made with campaign committee funds fovernment entity check. I further acknowledge this committeen and shall not be used under these purposes and that, to do so, may result in substantiness purposes and that, to do so, may result in substantiness.	ntity nics s as lata any
Signature of Applicant:		Date:	
Г	OFFICE USE	ONLY	
Date Ap	plication Received:	Hard-Disk Space Needed:	
	gn Disclosure OK:	Data Current as of:	
Number	of Voter Records:	Total Cost:	
Prepared	I	by:	
File Nan	ne:		