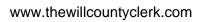
WILL COUNTY VOTER DATA REQUEST





POLITICAL COMMITTEE: CONTACT PERSON: ADDRESS: ZIP: CITY: ZIP: CELLPHONE: EMAIL:	Voter List - \$2.00 per precinct Voter History List - \$5.00 per precinct Labels (printed) - \$0.02 per label Voter History Flash Drive - \$50 base charge plus \$1.00 per Precinct Taurahia Many \$10.00 per h
REQUESTED DATA: □ TOWNSHIP & PRECINCT(S):	DISTRICT:
PARTY: □ ALL □ REPUBLICAN	□ DEMOCRAT
HISTORY: ☐ VOTERS WHO VOTED	☐ ALL VOTERS
ELECTION(S): - (Select up to 6): YEAR: PRIMARY PRIMARY REPORT TYPE: WALKING LIST BY STREET ADDRESS/NAME HOUSEHOLD (sorted by zip code) FORMAT: HOUSEHOLD (sorted by zip code) FORMAT: PRINTED DELIVERY INSTRUCTIONS: - *Pre-payment is required, our office of the price of the pric	e) □ FLASH DRIVE - Excel file, sortable will contact you with payment amount:
CITY: ADDITIONAL INFORMATION: LARGE TOWNSHIP MAP Township:	ZIP:
I the undersigned, am aware that only those state or local political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act, or governmental entities, are qualified to receive this data. I hereby verify that the information shall be used only for bona fide political purposes. I also verify that this data shall not be used under any circumstances for purposes of commercial solicitation or other business purposes, and that to do so may result in substantial penalty, including, but not limited to, conviction of a class 4 felony. (Chapter 10 ILCS 5/4-8, 5-7 and 6-35, Illinois Compiled Statutes)	
(Signature of Candidate, Treasurer or Chairman/Government Official)	:
OFFICE USE ONLY:	DATE RECEIVED:
STAFF:	AMOUNT PAID:
REPORT ID:	# OF PRECINCTS: