



VOTER INFORMATION REQUEST FORM

101.060.040.628.001

SUBMIT TO:

CITY CLERK – Elections
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009
586-446-2420 Fax: 586-276-4077
Email: vote@sterling-heights.net

COST: \$33.00

- Cash – in person
- Check – payable to City of Sterling Heights
- Credit Card
- Payment Received _____

The information requested will be sent to the email address listed below

1. **Name of Requester:** _____

Address: _____

Phone No: _____ **Email:** _____

2. **Information Requested:**

- Permanent Absent Voters**
- Daily AV** – Voters who have been issued Absentee Ballots for the current election.
Note: Information will be sent daily by 9:00 a.m.
- All Households with Registered Voters**
- All Registered Voters**
- Specific Election Information** – Provide detail of requested information, i.e. specific election, Absentee voters, voter who voted at polls, etc.

3. **Format Requested:**

- .csv (comma separated values) format**
- PDF in 3 x 10 label format, 30 labels per sheet (Avery 5160 or similar type label)**

Signature of Requester: _____ Date: _____