



# VOTER INFORMATION REQUEST FORM

11601040-628001

**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 (Visa, MC, Discover) phone or in person
- 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.

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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: \_\_\_\_\_