



Craven County
Board of Elections
 406 Craven Street, New Bern, NC 28560
 252-636-6610 Fax 252-636-6687
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www.cravenvote.com

FOR OFFICE USE ONLY	
TOTAL FEE DUE:	_____
DATE REQUEST RECEIVED:	_____
DATE REQUEST FULFILLED:	_____
DELIVERED TO:	_____
DATE/TIME DELIVERED:	_____

Voter Data Request Form (updated 3/7/2018)

Requested Data Format:	PRINTED COSTS:	Electronic Data Form/Method:	
<input type="checkbox"/> Mailing Labels (Choose)	One-Page B/W free	<input type="checkbox"/> delimited text (csv)	<input type="checkbox"/> CD \$10.00 (if we provide)
<input type="checkbox"/> Individual	Labels (if we provide):	<input type="checkbox"/> MS Excel <input type="checkbox"/> MS Word	<input type="checkbox"/> Flash Drive \$15.00 (if we provide)
<input type="checkbox"/> Household	\$0.25 per page B/W	<input type="checkbox"/> Adobe (pdf) <input type="checkbox"/> Text	<input type="checkbox"/> Other _____
<input type="checkbox"/> Printouts (8.5 x11 only)	Labels (if you provide):		<u>If requester provides CD, flash drive,</u>
<input type="checkbox"/> Printouts Color	\$0.05 per page B/W	Send by Email:	<u>etc. it has to be a new unopened data</u>
	Printouts:	<input type="checkbox"/> EMAIL (Free)	<u>drive.</u>
	\$0.05 per page		

Requested Information:

<input type="checkbox"/> Voter Statistics	<input type="checkbox"/> Buffer Zones	<input type="checkbox"/> Walking List	<input type="checkbox"/> Raw Data -contents of data fields
<input type="checkbox"/> Voter History	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Mailing List	<input type="checkbox"/> Other (Specify)

Specific Information:

<input type="checkbox"/> By Political Party	<input type="checkbox"/> Democratic Voters	<input type="checkbox"/> Republican Voters
<input type="checkbox"/> Include all Parties	<input type="checkbox"/> Unaffiliated Voters	<input type="checkbox"/> Libertarian Voters

Voters who voted in the following election(s) _____

Include all Voters
 Active Voters Only | By Precinct/VTD | Alphabetically |

Voters who live in _____

Other information _____

Precinct _____

District _____

Municipality _____

Data Fields : *Fields available for Raw Data and Voter Histories. Please be VERY specific when requesting reports in this format. Requests will be fulfilled as ordered.*

<input type="checkbox"/> Voter Registration Number	<input type="checkbox"/> Name: Last, First, Middle	<input type="checkbox"/> Name: Last, First, Middle (as separate fields)	<input type="checkbox"/> Age *will be age at end of year
<input type="checkbox"/> Residential Address	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Gender <input type="checkbox"/> Race
<input type="checkbox"/> Precinct <input type="checkbox"/> VTD	<input type="checkbox"/> Municipality <input type="checkbox"/> Ward	<input type="checkbox"/> Status <input type="checkbox"/> Party	<input type="checkbox"/> Registration Date
<input type="checkbox"/> Congressional District	<input type="checkbox"/> Superior Court District	<input type="checkbox"/> Judicial District	<input type="checkbox"/> NC Senate District
<input type="checkbox"/> NC House District	<input type="checkbox"/> County Commissioner District	<input type="checkbox"/> Sanitation District	<input type="checkbox"/> Board of Education District

Requestor's Information:

Name: (Print) _____ Signature: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

Charges/ Costs:
 PAYMENT IN ADVANCE MAY BE REQUIRED FOR PRINTOUTS ESTIMATED ABOVE \$50. **PLEASE HAVE CORRECT AMOUNT DUE IF PAYING WITH CASH.** FOR ALL CHECKS, PLEASE ALLOW THREE (3) DAYS FOR CHECK TO CLEAR BEFORE YOUR REQUEST CAN BE PROCESSED. WHILE OUR GOAL IS TO PROCESS ALL REQUESTS IN A TIMELY MANNER, REQUESTS ARE FILLED ON A FIRST COME, FIRST SERVED BASIS.

PLEASE ALLOW UP TO TEN (10) DAYS FOR REQUESTS TO BE PROCESSED.

Data is based on the most current information in the State Board of Elections databases. Please make sure you have indicated exactly what date you are requesting.
Processed requests are true and accurate to the best of our knowledge at the time the request is processed. CCBOE