

UMATILLA COUNTY ELECTIONS ORDER FORM
PHONE 541-278-6254* FAX 541-278-5467* E-MAIL: pattic@co.umatilla.or.us

- *No order will be completed on demand/while you wait.*
- *A \$25.00 set-up fee is required and must be paid in advance, where applicable.*
- *We must have a signature before placing an order.*
- *Please allow a 48 hour turn around time on orders.*
- *Please call to verify your order is ready for pickup.*
- *The voter file does NOT contain carrier route information.*

DATE REQUESTED: ____/____/____ DATE NEEDED: ____/____/____ ORDER TAKEN BY: _____

PERSON PLACING THE ORDER: _____

ORGANIZATION THE ORDER IS FOR: _____

THE DATA IS FOR VOTERS IN/OF (NAME OF THE DISTRICT, PARTY, OR OTHER SELECTION CRITERIA):

Considerations:

What is the purpose for the order? [list of voters, for a mailing, walking door to door, street index information, statistical research, etc.]

What "group" of voters do you need? [a particular district (legislative, city, fire, school, etc.), a party, a status, certain age group, etc.]

Do you need Residence address? _____ Mailing address? _____ Absentee address? _____

Is a special sort required? [by district, alpha, by precinct, by party, households only, walking list order, etc.]

What do you want produced? [a paper listing, paper gummed labels, data on CD, excel spreadsheet, etc.]

DESCRIPTION OF DATA REQUESTED: Districts, Voting History, Age, Party, Report Media (paper, etc.) and Sort Options.

CONTACT PERSON: _____ PHONE: _____

Signature of person placing the order confirms the order is correct, assumes financial responsibility and agrees not use the voter list for commercial purposes in accordance with ORS 247.955:

X _____

Note: Under ORS 247.955 a person will not be considered to use the voter list for commercial purposes if the person obtains the list of electors for the purposes of resale to candidates or political committees for political purposes only.

SET-UP FEE PAID: ____/____/____ CK# _____ RCT# _____ REMAINDER OF CHARGES DUE: _____

DATE FURNISHED : _____ DATE REMAINDER OF CHARGES PAID: _____

CHECK NUMBER & AMOUNT: _____ RECPT.# _____ CASH: _____