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Information Request Form

Please Allow up to 10 Business Days for Processing

Name of Organization/ Committee/ Requestor: _____

Address: _____

E-Mail: _____ Phone: (_____) _____

Please Mark Your Request(s):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Voter Registration List | <input type="checkbox"/> Certified Voter Registration Letter | <input type="checkbox"/> Voter History | <input type="checkbox"/> Canvas Report |
| <input type="checkbox"/> Election Results | <input type="checkbox"/> Ballot By Mail List | <input type="checkbox"/> Volunteer Deputy Registrar List | |
- Election: _____ Precinct(s): _____

Jurisdiction:

- Full County District J.P. ____ - ____ Commissioners Other: _____

Party: (During Primary Elections Only)

- All Democrat Republican No Party Other

Format:

- Hardcopy (\$10/ Page) CD-ROM (\$1.00) E-Mail

Maps :

- 11x17 (\$5.00) 42x42 (\$35.00)

Districts / Precinct(s): _____

NOTICE OF OFFENSE OF ILLEGAL USE OF LIST OF REGISTERED VOTERS

The information obtained shall not be used in connection with advertising or promoting commercial products or services. An offense under section 18.009 of the Election Code is a class A misdemeanor.

Notes or Special Requests : (Please Specify) _____

Signature of Requester: _____ Date: _____

FOR OFFICE USE ONLY

Prepared by: _____
 Date Picked up: _____
 Number of Pages: _____
 Number of CDs: _____
 Total Cost: _____

Please Check One:

- Check# _____
 No Fee Money Order

Due Date: _____