

# Montgomery County Board of Elections

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## *Request Access to Public Voter Registration Data*

Requesters Name: \_\_\_\_\_

Organization Name/Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**NOTICE:** NYS Election Law Sec 3-103(5) prohibits using information derived from voter registration records for non-election purposes. The applicant hereby requests access to the voter registration records requested, accepts and understands the conditions outline above and certifies that they have a right of access to the records. Any person who knowingly and willfully violates this provision is guilty of a misdemeanor (EL SEC 17-168)

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

### ☐ Individual Voter Request

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

City \_\_\_\_\_

### ☐ List of Voters Request

☐ All Voters Countywide

☐ Or By Town/District

Town Name \_\_\_\_\_

District \_\_\_\_\_

You will be provided with all registered voters in your selected geographic area. If you wish, you may narrow your request to only voters in a specific political party.

☐ Republican

☐ Democratic

☐ Independence

☐ Conservative

☐ Working Families

☐ Other

☐ Blank

**Please Note:** Fees will vary with the format information is provided on.  
**Message:**

Date Requested: \_\_\_\_\_

Date Provided: \_\_\_\_\_