



City of Southfield ELECTION DATA REQUEST FORM

Date: ____/____/____

Requestor: _____

Candidate (if applicable) _____

Address: _____
Street Number City, ST Zip Code

Phone Number: (____) _____ - _____ Email Address: _____

Signature: _____

Data Options: Please Specify

FEE: \$25 per request
Send 2 copies to cashier;
Receipt Item Code# 1133

___ All Registered (current) Voters

___ All (current) Permanent AV Ballot Voters Only (incl. permanent AV application voters)

___ Specific Election Date: _____

___ All voters for specified election date

___ Absentee Voters for specified election date

___ Specific Precincts: _____

___ Specific Election Date: _____

___ All voters for specified election date

___ Absentee Voters for specified election date

___ Specific Precincts: _____

___ Specific Election Date: _____

___ All voters for specified election date

___ Absentee Voters for specified election date

___ Specific Precincts: _____

• **Format Requested:** ___ Excel ___ PDF ___ Other _____

• **Delivery Method:** ___ Email ___ Flash Drive (pick up only)
Delivered only after payment received.

Additional Notes/ Comments Regarding Order Request:

Payments may be made online (fees apply) or at the Clerk's Office, 26000 Evergreen Rd., Southfield, MI (248) 796-5150.
[https://www.invoicecloud.com/portal/\(S\)/2/cloudstore.aspx?cs=78694F7F-1129-493F-8A75-36732D53A9F5&bg=a2d7a493-9b9a-4442-8c18-bd696ebb4b94&return=Site.aspx%3fg%3dcd422d1b-7ec4-4a69-8a7a-f66dbacea35f](https://www.invoicecloud.com/portal/(S)/2/cloudstore.aspx?cs=78694F7F-1129-493F-8A75-36732D53A9F5&bg=a2d7a493-9b9a-4442-8c18-bd696ebb4b94&return=Site.aspx%3fg%3dcd422d1b-7ec4-4a69-8a7a-f66dbacea35f)