



Voter Registration Information
Order Form
Southfield City Clerk's Office
248-796-5150

26000 Evergreen Road
P.O. Box 2055
Southfield, Michigan
48037-2055

Requestor: _____

Candidate (if applicable): _____

Address: _____
Street Number City State Zip Code

Phone Number: _____ Email: _____

Signature*: _____

***I approve the order information provided on this request form and understand that the payment made is non-refundable and is due at the time the order is made.**

City Clerk Authorization: _____

Data Options: ___ All Registered Voters
 ___ All Permanent Absent Voters Only
 ___ Specific Election Dates(s)
 ___ Precinct #(s)
 ___ School District(s) ___ Labels

Sort Options: ___ Address
 ___ Last Name
 ___ Zip Code

Charges: ___ Paper List: .01 per name
 ___ Paper Labels: .03 per label
 ___ Email: \$25 (one time charge per election)
 ___ Flash Drive: \$25 (one time charge per election)

Additional Notes/Comments Regarding Order Request:

For Internal Use Only: Date of Request: _____
Acct #: _____
Fee: _____

For Internal Use Only: Date of Request: _____
Acct #: _____
Fee: _____