Sedgwick County, Kansas
Election Office
Bill Gale, Election Commissioner

510 N. Main Street, Suite 101 · Wichita, Kansas 67203-3798 · Telephone (316) 660-7100 · Fax (316) 660-7125

ADVANCE VOTER DATA REQUEST

Name_____
Complete Address_____
E-mail_____ Phone_____

1. 20 Day Package: _____$75/includes
First day advance information on
_____CD or
_____Paper
Plus Daily: _____Paper or
_____CD List

_____$60/includes
First day advance information on
_____CD or
_____Paper
Daily E-Mail List

Additional charge items: $40 per selection
_____ Daily Returns CD or Paper
_____ Early Voters CD or Paper

$30 per selection
_____Daily Returns E-Mail
_____Early Voters E-Mail

2. First Day Only: _____$40.00 CD _____$.25 per page Paper

3. Daily per list: _____$5.00 CD or E-Mail _____$.25 per page Paper

Dates:_____

4. Total Amount Due_____

5. If entire county list of Advance Voters is not desired

A. District
____State Senate No._____
____State Representative No._____
____State Board of Education No._____
____County Commission No._____
____City Council District No._____
____Unified School District No._____
____Precinct No._____
____Township_____
____Improvement or Drainage District No._____

B. Party Affiliation
_____ Democrat
_____ Libertarian
_____ Reform
_____ Republican
_____ Unaffiliated

Disclaimer:
The Sedgwick voter registration database is compiled from registration records provided by Sedgwick County voters on a daily basis. The accuracy and timeliness of the records are at a given point in time. The requested information is formatted data. Software is necessary to view or manipulate the data. Print formats do not include voter history.

6. Notice
K.S.A. 25-2320a prohibits using information derived from voter registration records for commercial purposes. This includes using public records to sell property or services. Persons are also prohibited from obtaining public records with the intention of making the records available to a third party for such purposes. Use of voter registration lists for commercial purposes is a crime.

Sign below to request a record search and to indicate you understand the conditions outlined above.

Signature_____Date_____