## **COUNTY OF KENDALL, ILLINOIS**

502 S. Main Street, Yorkville, IL 60560 (630)553-4105 Fax: (630)381-9366

## **REQUEST FOR VOTER DATA**

Name of Political Committee Government Entity:	•					
Name of Contact Person:	<del></del>					
Address:						
Contact Number:						
Voter Data Requested:						
Requested Format:	□Excel	□PDF	□Labe	ls		
Precinct List (\$6.00/1 <sup>st</sup> one, \$3.00 each additional)					# of Precinct	S:
District List (\$10.00/District)					- #of Districts:	:
County Wide List (\$25.00)					1 (	<u> \$25.00</u>
Labels (\$1.00 a page=30 labels)					# of Pages:	
Requested Media:		☐Flash Drive			- W in sealed pa	ckaging) $\square$ Mail
Email Address:						or
Mailing Address:						or
Preferred Pick-up Date	e:					_
I, the undersigned, am aware Campaign Finance Act or Fedalso aware that this data shall business purposes, and that to (Chapter 10 ILCS 5/4-8, 5-7 and 6	eral Campaign I not be used u do so may resi	Act, or govern nder any circun ult in substantic	mental enti	<u>ties</u> are qualifi	ed to receive	this data. I am
Signature of Candidate, Treasure	r or Chairman/S	Signature of Gove			Date	
OFFICE USE ONLY						
Date Recv'd: Recv'd	via:	Date P/up:	P	ayment Method:		
Check # Total C	ost:	Clerk Initials:				