THE COUNTY OF CHESTER

WALKING LISTS FOR CANDIDATES

REQUEST FOR PUBLIC INFORMATION
CHESTER COUNTY VOTER SERVICES

DATE OF REQUEST: _____

ON BEHALF OF (CANDIDATE) _____,

I (PRINT NAME) _____ AM RECEIVING THE STREET LIST FOR THE MENTIONED CANDIDATE. THIS LIST IS FOR THE (YEAR) _____

☐ **PRIMARY** ☐ **GENERAL ELECTION. TITLE OF OFFICE THE CANDIDATE IS SEEKING _____ ELECTORAL DISTRICT IN WHICH THE CANDIDATE IS SEEKING OFFICE _____.**

ALL LISTS REQUESTED AFTER RECEIPT OF THIS LIST WILL COST $0.25 PER SHEET.

☐ Democratic Party List ☐ Republican Party List ☐ Both Parties List (Cross-Filing)

PHONE #: _____ EMAIL ADDRESS: _____

AFFIRMATION

I affirm that any information obtained from the records requested from the Chester County Voter Services **will not be used for purposes unrelated to elections, political activities or law enforcement,** as required by 25 Pa.C.S. § 1404(b)(3); and that the material will not be used for commercial or improper purposes, as required by 25 Pa.C.S. § 1207(b). I further affirm that I will not publish the material on the Internet, as such publication is prohibited by 4 Pa. Code § 183.14 (k).

I verify that this statement is true and correct. I understand that false statements made are subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

_____ _____

Requester's Name (Print) *Requester's Signature*

_____

Requester's Street Address *City, State* *Zip Code*

☐ **Email File** ☐ **Call me when ready for pick-up**

ATTENTION: Please submit at time of request a copy of one of the following documents; PA Driver's License or PA Photo ID Card, Employee Photo ID Card, Other Photo ID Card or other Form of Approved Identification.

OFFICE USE ONLY

Staff Member_____

DATE AND TIME STAMP AT TIME OF PICK UP