

REQUEST FOR PUBLIC INFORMATION
MONROE COUNTY ELECTIONS

Date _____ Requestor/Candidate: _____

Phone # _____ Office: _____

Information Requested _____

Charges:

Copy Fee: _____ Email: \$20.00

Total:\$ _____ Date Paid: _____ Cash/Check# _____

AFFIRMATION

I affirm that any information obtained from the records requested from the Monroe County Elections and Voter Registration Office **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.

Requestor's/Pick-up Name (Print)

Requestor's/Pick-up Signature

Requestor's/Pick-up Street Address

City, State

Zip code

Requestor's Telephone Number (for office use only)

Date of Pickup

Requesting information on behalf of Candidate: _____

Identification provided by requestor:

___ PA Driver's License or PA Photo ID Card Driver's License #: _____

___ Employee Photo ID Card Employer Name: _____ ID # _____

___ Other Photo ID Card Type of Card: _____ ID # _____

___ Other Form of Identification Type of ID: _____ ID # _____

County Employee Name: _____