

Request for Obtaining Data from Maine CVR – March 2018 Version

1. Request submitted to:

A. Secretary of State (for district, county, and statewide lists)
 B. Municipality of _____ (for only this municipality's data)

2. Nature of request and permitted uses under 21-A MRSA §196-A (check applicable box(es) and provide detailed descriptions where required):

A. **Individual Voter Report** – §196-A (1)(A) – Individual voters requesting their own information.

Voter Name: _____ Voter DOB: _____

B. **Party/Campaign Use Voter File** – §196-A (1)(B) – For the following permitted uses only:

Party Activities – Party Name: _____

Candidate Campaign – Candidate/Office: _____

Issue Campaign – (list the campaign/petition effort in Maine and activities related to campaign): _____

Get-out-the-vote Activities (list the campaign in Maine and activities related to the campaign): _____

Elected/Appointed Official – Office Title: _____ District: _____

Date elected/appointed: _____ Term: _____

For voter data file selected above (check applicable boxes and provide information):

Enrollment Status

All voters (all parties and unenrolled) Unenrolled only
 Specific Party: D G L R

Electoral Districts Requested

Municipality-wide data: Municipality: _____ District (if applicable): _____
 County-wide data: County: _____ District (if applicable): _____
 Statewide data
 State District data: Congressional District # _____
State Senate District # _____
State Representative District # _____

Voter Participation History (Available with Party/Campaign Use Voter File or Alpha Voting List)

Include Voter Participation History for up to 2 elections (specify below):

Date and name of Election: _____

Date and name of Election: _____

Voter File Update Request – For use when requesting a voter file update (available with purchase of Party/Campaign Use Voter File).

New or Changed Voters (additions/changes to data from last data request)
 Full File (complete voter file)

C. **Biennial Caucus Voter File** – §196-A (1)(C) – For use in conducting biennial caucus.

Municipality-wide data: Municipality: _____
 County-wide data: County: _____
 Statewide data

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D. Absentee Voter File or Report – §196-A (1)(D) – any person may obtain

Date and name of Election: _____

E. Governmental Use Voter File – §196-A (1)(E) – For governmental/quasi-governmental entities

Intended use of data: _____

F. Voter Demographics File – §196-A (1)(F) – any person may obtain; statistical information available from Secretary of State only; no data included which identifies individual voters.

Choose first name or last name: First Name **OR** Last Name

Statistical Reports – any person may obtain

- *Available from Secretary of State or municipality:*

Rejections/Cancellation Summary Report – date range: _____

Registered & Enrolled Voters

- *Available from municipality only:* Municipal Street Library Ward/Precinct List

3. Medium Requested (subject to fees in 21-A MRSA, section 196-A.2):

A. Paper (pdf format) Printed report Mailing labels

B. Electronic pipe-delimited text file saved on digital storage media (i.e. CD, thumb drive).

Note: due to confidentiality and security factors, transfer of data by email is not approved.

4. Arrangements for Payment: (Please contact the Secretary of State's Office or the municipality for the amount of the fee.) Amounts greater than \$500 must be paid by either certified/bank check or money order, and made payable to:

- If submitted to the Secretary of State's Office: Treasurer of State or the Secretary of State
- If submitted to the Municipality: to the municipality

Personal/Business Check Certified/Bank Check Money Order Credit Card

5. Requestor Information – The following information must be provided, and the form must be signed.

Individual name: _____

Entity name: _____

Mailing address: _____

E-mail address: _____

Day-time phone: _____ Fax: _____

I, the undersigned requestor of information from Maine's Central Voter Registration (CVR) system, understand that the information I receive from the CVR is subject to the restrictions on use and redistribution of data, as provided in 21-A MRSA, section 196-A.

Signature of Requestor: _____ Date: _____

Office/Title for Named Entity: _____

For Internal Use Only

Fee Collected: _____ Check No. _____ Credit Card: _____
Date Data Created: _____ Date Issued to Requestor: _____ In Person By Mail
 Initial Request Request for Update (Update #: _____) Free List (no updates available)