STATE BOARD OF ELECTIONS
STATE OF NORTH CAROLINA

For office use only
Date Request received:
Date Request fulfilled:

VOTER RECORDS REQUEST FORM
N.C. Gen. Stat. §163-82.10

I, the undersigned, hereby request the following voter record details:
(*please be specific*)

Data requested will be saved to a CD in a comma delimited text file

_____
_____
_____
_____
_____
_____

Signature of Requester: _____

Date: _____/_____/_____

If information is to be mailed:
Address: _____

City, State, Zip: _____

If there are any questions, I can be contacted by:

☐ Telephone _____-_____-_____
and/or
☐ Email Address _____@_____._____

Please submit this request form to the State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255 or by fax to 919-715-0135.

In accordance with N.C. Gen. Stat. § 163-82.10, for electronic copies, please include a check or money order for $25 made out to the NC State Board of Elections.

While our goal is to process all requests as soon as reasonably possible. Requests are filled on a first come first serve basis. Please allow a minimum of 5 working days to process your request from the time of receipt of payment.