



Application for Voter Registration Information

Pursuant to Elections Code Sections 2187, 2188, & 2194, voter registration information is **ONLY** available to persons or groups for election, scholarly, journalistic, political or governmental purposes as determined by the Secretary of State. All requests to view, purchase, or use voter registration information must be accompanied by this written application.

PLEASE PRINT IN INK OR TYPE

NAME— FIRST	MIDDLE	LAST	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
PHONE () -			
IF NO PHYSICAL ADDRESS PLEASE DESCRIBE LOCATION OF RESIDENCE AND PROVIDE MAILING ADDRESS			
MAILING ADDRESS—IF DIFFERENT	CITY	STATE	ZIP CODE

I AM A CANDIDATE FOR: _____

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE
IF NO STREET ADDRESS PLEASE DESCRIBE LOCATION OF BUSINESS AND PROVIDE MAILING ADDRESS				
MAILING ADDRESS—IF DIFFERENT	CITY	STATE	ZIP CODE	

IF THIS APPLICATION IS ON BEHALF OF ANY PERSON OR PERSONS OTHER THAN THE APPLICANT, THIS SECTION MUST BE COMPLETED

PERSON OR GROUP APPLICANT IS ACTING FOR	NAME OF PERSON AUTHORIZING OR REQUESTING THIS APPLICATION			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE () -

THIS SECTION MUST BE COMPLETED

SPECIFIC INFORMATION REQUESTED—CIRCLE THOSE APPLICABLE <div style="display: flex; justify-content: space-around; text-align: center;"> CD STREET LIST ALPHA LIST AV LIST/ AV CD ABSTRACT OF VOTER REGISTRATION INDICIES </div> OTHER _____

INTENDED USE OF VOTER REGISTRATION INFORMATION—CIRCLE ONE <div style="display: flex; justify-content: space-around; text-align: center;"> ELECTION POLITICAL JOURNALISTIC SCHOLARLY GOVERNMENT </div>

The aforementioned voter registration information set forth in affidavits of registration or derived from computer terminals, CDs, or computer printed listings will be used only for election, scholarly, journalistic, political, or governmental purposes as determined by the Secretary of State. The information (or a portion or copy thereof) will not be sold, leased, loaned, or given to any person, organization or agency, without first receiving written authorization to do so from the Secretary of State or the county elections official.

I certify, under penalty of perjury, that all information on this form is true and correct under the laws of the State of California.

Signature (FULL NAME): _____ **Date:** _____ **Place:** _____

CATHY DARLING ALLEN
SHASTA COUNTY CLERK
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