VOTER REGISTRATION INFORMATION REQUEST

To the Auditor-Treasurer of _____ County, Minnesota:

I hereby request voter information for the following individual:

Name _____

Address _____

City _____ State _____ Zip Code _____

Birth Date (if available) _____

Information Requested:

My Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

I certify that I am a registered voter in Minnesota. Any information obtained will **not** be used for purposes unrelated to elections, political activities, or law enforcement per Minnesota Statute 201.091 subd. 4.

_____ _____

Date Signed By

Reset Print Form

Rev. 6/11