

**LAWRENCE COUNTY
VOTER REGISTRATION AND ELECTIONS OFFICE
430 COURT STREET
NEW CASTLE, PA 16101
724-656-2161**

REQUEST FOR VOTER INFORMATION ON CDROM

DATE _____

NAME _____

ADDRESS _____

PICK UP _____ **MAIL** _____

(Pay Cost of Mailing)

DISCLOSURE STATEMENT

CHECK ONE

CANDIDATE _____

STATE REPUBLICAN & DEMOCRATIC PARTY COMMITTEE _____

COUNTY REPUBLICAN & DEMOCRATIC COMMITTEE _____

I hereby affirm that upon receiving the voter information requested, it will not be used for monetary purposes, and by signing this, I agree to the specified conditions listed below.

AUTHORIZED SIGNATURE

CONDITIONS:

A STREET LIST of all the registered voters in Lawrence county on cdrom upon request is provided free of charge to the above, and must be picked up by those requesting it.