



Voter Data Request Form

Please select one of the following:
 Electronic File Printed List Mailing Labels

VOTER INFORMATION AUTHORIZATION

NOTE: Minimum charge for any request is \$15.00

Please indicate the purpose of this request Campaign Use
Please provide a description of your intended use of voter data: Governmental Use

Please select the jurisdiction that you are requesting:
 Statewide District _____
 County(s) Otero
 Other: _____

Please indicate all information that you are requesting:
NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment jurisdiction and registrant ID number. Any additional fields must be indicated below.
 Districts (all districts associated with a voter) Voting History (elections a voter has participated in) Method Voted (i.e. absentee, early or Election Day)

Information of Requestor
Name: Erin Clements on behalf of _____ Organization: EchoMail & New Mexico Audit Force
Address: 701 Concord Ave, Cambridge, MA 02138 Phone: (____) ____ - ____
Email Address: _____ Date: 2 / 16 / 2022

Authorization
Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).
I hereby swear that the requestor will not: (INITIAL EACH)
 sell, loan, provide access to, or otherwise surrender voter information received as a result of this request.
 alter voter information received as a result of this request.
 use voter information for any purpose other than those authorized on this form.
 use voter information for any commercial purposes.
For clarification - the voter rolls will be used for the purposes of analysis for the audit as well as **Signature of Requestor**
canvassing to confirm accuracy of the rolls as Erin Clements
commissioned by the Otero County Commission

For Office Use Only
Total Cost: \$ _____ Date Received: _____ / _____ / _____ Date Completed: _____ / _____ / _____
Comments: _____ Receipt Number: _____