



REGISTERED ELECTOR REQUEST FOR PUBLIC INFORMATION
BUTLER COUNTY BUREAU OF ELECTIONS

Requestor:		Phone:		Date:			
Occupation:		Email:					
Address:							
City:		State:	Pennsylvania	Zip:			
Information Requested:							
Declared Intent:							
Charges:	Total \$	Paid: <input type="checkbox"/>	Date:	Cash: <input type="checkbox"/>	Check: <input type="checkbox"/>	Check #:	
Data Format:	Print (\$.30 per page) <input type="checkbox"/>	CD (\$25) <input type="checkbox"/>	Flash Drive (\$30) <input type="checkbox"/>	Initials:			
<i>Please make checks payable to: Butler County Treasurer</i>							
LEGAL NOTICE AND AFFIRMATION							
<p>I hereby affirm that any and all information obtained from the Butler County Bureau of Elections by this request shall only be used for election, political, and law enforcement purposes, as set forth in 25 Pa.C.S. § 1404(b)(3); and shall in no way be used for commercial or improper purposes (as set forth in 25 Pa.C.S. § 1207(b). Furthermore, I affirm that I will not in any way, manner, or form, publish this information on the Internet, nor will I share this information with any other individual, elector, candidate, party, committee, or entity, as such activity is strictly prohibited, subject to monitoring, and will be enforced as provided in 4 Pa. Code § 183.14(k).</p> <p>I hereby verify that this statement is true and correct, and that I agree to abide by the Affirmation as stated above in its entirety. I understand that false statements are subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities, and affixing my signature below (in the field titled "Affirmation Signature"), is both my understanding of, and agreement to abide by, all of the terms and limitations set forth within.</p>							
Affirmation Signature:							
Information Picked Up By (Print):							
Signature:					Date of Pickup:		
Identification provided:	Pennsylvania Driver's License / State Photo ID: <input type="checkbox"/>			License / ID #:			
Other:	Other Photo ID: <input type="checkbox"/>			Other ID #:			
Type of Identification:							
B.O.E. Staff Name:					Date Filed:		
B.O.E. Staff Signature:					Date Processed:		
B.O.E. Director Approval:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Signature:				