



New Hanover County Board of Elections
 North Carolina
 Data Request Form

To: New Hanover County Board of Elections
 230 Government Center Drive Suite 38
 Wilmington, NC 28403

C: Phone: 910-798-7330 Fax: 910-798-7295
 Email: newhanover.boe@ncsbe.gov

Data Request Form

This form is to be used for requesting election related information from the New Hanover County Board of Elections. Fees for election related data depends on the type and specifications requested by the voter. Although this form can be completed electronically, it must be printed and signed by the voter and transmitted to the board of elections (*mail, fax, scan, or email*).

Request Data Format					
<input type="checkbox"/> Computer Printouts (.20 per page)	<input type="checkbox"/> Compact Disc (\$25.00)	<input type="checkbox"/> Internet Download (Free)- Information will be placed on the Board of Elections website within 5 business days			
<input type="checkbox"/> District Maps		Format Option	<input type="checkbox"/> XLS (Excel)	<input type="checkbox"/> PDF	<input type="checkbox"/> TXT
<input type="checkbox"/> (8.5 x 11 - \$2.00)					
<input type="checkbox"/> (24 x 30 - \$10.00)					
<input type="checkbox"/> (30 x 36 - \$15.00)					
Requested Reports					
<input type="checkbox"/> Voter Registration Report	<input type="checkbox"/> Voter History Report	<input type="checkbox"/> Statistics Report	<input type="checkbox"/> Campaign Finance Report		
<input type="checkbox"/> Other	Comments:				
Requested Information					
<input type="checkbox"/> Voter Registration Number	<input type="checkbox"/> Name	<input type="checkbox"/> Status	<input type="checkbox"/> Political Party	<input type="checkbox"/> Registration Date	<input type="checkbox"/> Gender
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> Residential Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Mailing Address
<input type="checkbox"/> Municipality	<input type="checkbox"/> Precinct	<input type="checkbox"/> Congressional District		<input type="checkbox"/> Superior Court District	<input type="checkbox"/> Judicial District
<input type="checkbox"/> NC House District	<input type="checkbox"/> NC Senate District	<input type="checkbox"/> Prosecutorial District			
Requestor's Information					
Name: (Print)			Signature		
Address:			City	State	Zip
Telephone			Email		
Costs					
Please remit request form and payment to the New Hanover County Board of Elections. Payment must be received before any request is processed. Form of payment by check must allow three (3) days to clear before any request can processed. Please allow up to five (5) business days for all requests to be processed.					
For Office Use Only					
Date Received:		Date Fulfilled:		Delivered To:	
Date Delivered:		Party Request (Y/N):		Total Fee Due:	