



**CHARTER TOWNSHIP OF BLOOMFIELD  
4200 TELEGRAPH RD. BLOOMFIELD HILLS MI 48302**



**REQUEST FORM FOR VOTER INFORMATION**

Information is available in Disk, Email (Excel or electronic labels) or Label (hardcopy) format and can be produced for all registered voters in Bloomfield Township. All requests will be completed as quickly as possible. Payment is due upon submittal of this form.

Charges: Voter registration or Absentee Voter (AV) information - **\$40.00** per election or request.  
Daily Reports of AV Ballots Mailed - **\$20.00** (one-time fee per election).

(AV Ballots are mailed daily beginning 4-6 weeks before an election. The first day consists of a mass mailing of ballots (**\$40.00**) for voters who have sent in their AV ballot request and continuing daily Monday – Thursday (**\$20.00**) until the last Thursday before an election.)

**Please complete the following:** Date \_\_\_\_\_

Candidate's name \_\_\_\_\_

Requested by \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Order: Labels \_\_\_\_\_ Disk \_\_\_\_\_ Email \_\_\_\_\_ (Excel \_\_\_\_\_ or Labels \_\_\_\_\_)

E-mail address: \_\_\_\_\_

Brief description of information requested.

**PLEASE SELECT INFORMATION DESIRED:**

Precinct # \_\_\_\_\_ Gender \_\_\_\_\_  
(Not available for absentee voter reports)

Voters by: \_\_\_\_\_ Name \_\_\_\_\_ Household \_\_\_\_\_ School District \_\_\_\_\_

\_\_\_\_\_ Voter Residence Address \_\_\_\_\_  
(Not available for AV mailing reports if ballot mailing address is different) County Commissioner District \_\_\_\_\_

\_\_\_\_\_ AV Ballot Mailing Address \_\_\_\_\_ Election Date Desired \_\_\_\_\_

**For Office Use Only:**

Amt. _____	Check# _____	Cash _____	Receipt# _____
Order Accepted by: _____		Date: _____	