

Catherine DiCostanzo (609) 989-6018
Superintendent of Elections/ Commissioner of Registration
640 South Broad Street
P.O. Box 8068
Trenton, NJ 08650-0068

Dear Commissioner:

This is my request for your authorization to supply me with Mercer County's Voter registration information. I understand that I am not permitted to use this information for commercial solicitation. My order is as follows:

Municipality(s) or Entire County of Mercer: _____

Choose one- Compact Disc/ DVD Flash Drive (applicant must provide)

Choose one- PDF EXCEL Comma- delimited Pipeline

Choose one- Registration List Voter History Labels

Entire County \$100.00 Partial County \$50.00

Description of material needed:

Please enclose checks payable to Mercer County for \$ _____

*This fee is under Title 19 per Statute 19:31- 18.1 B

"No refunds on returned media"

Name

Address

Contact Phone Number(s)

Signed: _____

Date: _____

Rev. 1/10