



# Ulster County Board of Elections

284 Wall Street  
Kingston, NY 12401  
Phone: (845) 334-5470 Fax: (845) 334-5434  
[www.voteulster.com](http://www.voteulster.com)

## Request for Access to Public Records

### Requestor Information (Please Print):

Name of Requestor

Address of Requestor

\_\_\_\_\_

\_\_\_\_\_

Is Requestor Applying on own behalf?

Name and Address of Person the Information is Requested for

Yes

No

If No →

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Information Requested:

List (s)

Labels

CD (s)

Please provide as much detail as possible about your request to ensure the correct information is given (including party, jurisdiction, type of list ie: calling, walking, voter history, phone number, etc.)  
For CDs, please indicate the type of file you wish to receive (Excel, .TXT)

**\*\* There are no refunds \*\***

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**By submitting this form, I hereby agree to pay fees associated with my request as detailed below:**

- Fees:** (a) the fee for copies of records from originals 8 1/2" x 11" shall be 25 cents per page  
 (b) the fee for mailing labels shall be 50 cents per sheet  
 (c) the fee for a CD shall be \$2.50 per CD

**Payment is due upon receipt of the information requested.**  
**Make checks payable to: County of Ulster and remit to the Board of Elections**

X \_\_\_\_\_  
**Signature of Requestor**

X \_\_\_\_\_  
**Date of Application**

<u>List(s)</u>			<u>Billing Information</u>	
<u># of Pages</u>	@ \$0.25/Page	= \$ _____	<b>Total Due: \$</b> _____	<b>Cash Receipt #</b> _____
<u>Labels</u>	@ \$0.50/Sheet	= \$ _____		
<u># of Sheets</u>				
<u>CD(s)</u>	@ \$2.50/CD	= \$ _____	<b>Check #</b> _____	Form date 6/11/2012
<u># of CD (s)</u>				

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
BOE Initials

\_\_\_\_\_  
Commissioners Initials