

BOARD OF ELECTIONS
P.O. BOX 490
GLEN BURNIE, MARYLAND 21060-0490
PHONE: (410) 222-6600
EMAIL: elections@aacounty.org

Voter Registration List Application Instructions

Qualifications:

To apply for a voter registration list, the applicant must sign a statement, under penalty of perjury, that the list is not intended to be used for purposes of commercial solicitation or any other purpose not related to the electoral process. (Election Law Article, §3-506, Annotated Code of Maryland and COMAR 33.03.02.03A and 33.03.02.04)

Application Deadline:

Before any election, neither the State Administrator nor any election director may respond to an application for a voter registration list unless the application was filed on or before the registration deadline. Applications received after that date shall be returned. (COMAR 33.03.02.05B)

Contact Person:

<u>Name</u>	<u>Phone</u>	<u>E-mail</u>
Robert Brady	(410) 222-0472	robert.brady@maryland.gov
Kijuana Watkins	(410) 222-0464	kijuana.watkins@maryland.gov

Supplemental Lists:

Each supplemental list must be submitted separately as a new request. These are each charged as a new request per the Cost Structure below.

File Contents:

Each list will contain the following fields: registrant's full name, residence address, mailing address, (if applicable), registration date, gender, party affiliation, county name, district/precinct, registrant ID number, status and voter history (when applicable).

File Format:

All requests shall be provided on a thumb drive. **Disclaimer: The Anne Arundel County Board of Elections cannot guarantee that the data requested in electronic format will be compatible with all software programs. The applicant must utilize his/her own software program database in order to import this information to his /her database.**

Completion time:

2 business days.

Payment:

Either the required deposit (refer to cost structure below) or full payment must accompany this application. Payment can be in the form of cash, certified check, personal or campaign check or money order. The applicant also agrees to pay the balance due (if applicable) prior to receipt of the requested output. Make checks payable to: **Anne Arundel County**.

Cost Structure:

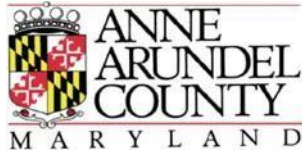
County wide Lists: \$75.00
Partial Lists: \$75.00
Deposit: \$25.00 or full payment

Returned check policy:

All returned checks will be assessed a fee of \$25.00.

Delivery Instructions:

Output will be picked up by the applicant from the Board office. The applicant must provide telephone number(s) for contact purposes.



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For Office Use Only
Voter ID: _____
County: _____
D/P: _____

Voter Registration List Application

- Applicant's Name: _____ 2. Date of Birth: _____
- Applicant's Residence Address: _____
 City: _____ State: _____ Zip Code: _____
- Home Number: _____ Cell Number: _____ Email: _____
- If you are buying data on behalf of a corporation or other business entity, provide the name and address of entity:
 Name of Entity: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
- Specify the intended use of data (detailed explanation required): _____

7. Complete each section:

Area: (Check one)	<input type="checkbox"/> County-wide (Specify county): _____ <input type="checkbox"/> District (Specify Legis., Cong., etc.): _____
Election Type & Year:	Election Year(s) to Include (up to 8 elections): _____ <input type="checkbox"/> Gubernatorial Primary <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Municipal Primary <input type="checkbox"/> Gubernatorial General <input type="checkbox"/> Presidential General <input type="checkbox"/> Municipal General <input type="checkbox"/> Other Election (Specify): _____
Type of List: (Check all that apply)	<input type="checkbox"/> Registered Voter List (Basic list with no voting histories) <input type="checkbox"/> Voting History List <input type="checkbox"/> Mail-In Ballot Applicants List (Single election only) <input type="checkbox"/> Voter Walking List <input type="checkbox"/> Household Walking List <input type="checkbox"/> Other (Specify): _____
Voter Information: (Check all that apply)	<input type="checkbox"/> All Voters (If you check this box you are done with this section) <input type="checkbox"/> Democrats <input type="checkbox"/> Republicans <input type="checkbox"/> Other Party (Specify): _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age Range from _____ to _____ <input type="checkbox"/> Registration Date from _____ to _____ <input type="checkbox"/> Other (Specify): _____

Read the statement and sign the oath. Under the penalties of perjury, I declare that no part of any list requested by this application is intended to be used for commercial solicitation or for any other purpose that is not related to the electoral process. I am aware that if I or any other person who has a registration list under his or her control knowingly allows any part of this list to be used for commercial solicitation or for any other purpose that is not related to the electoral process, that individual is guilty of a misdemeanor and, on conviction, subject to imprisonment for not less than 30 days or more than 6 months, to a fine of up to \$250, or to both imprisonment and fine.

I, _____ (print name), have read and understand the above statement and agree to pay the balance due upon receipt of the voter registration list.

 Applicant's Signature

 Date