VOTER RECORDS REQUEST FORM  
N.C. Gen. Stat. §163-82.10

I, the undersigned, hereby request the following voter record details: 
(please be specific)

*Data requested will be saved to a CD in a comma delimited text file

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
_________________________________________________________
Signature of Requester:  ______________________________________________

Date:  _____/_____/__________

If information is to be mailed:
Address:  __________________________________________________________

City, State, Zip:   ____________________________________________________

If there are any questions, I can be contacted by:

☐ Telephone  ______-______-___________
and/or
☐ Email Address  _________________@________________________.________

Please submit this request form to the State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255 or by fax to 919-715-0135.

In accordance with N.C. Gen. Stat. § 163-82.10, for electronic copies, please include a check or money order for $25 made out to the NC State Board of Elections.

While our goal is to process all requests as soon as reasonably possible. Requests are filled on a first come first serve basis. Please allow a minimum of 5 working days to process your request from the time of receipt of payment.