



CITY OF PROVIDENCE

Claudia J. Haugen, Chairperson | Tomás A. Ávila, Commissioner | Renay Brooks Omisore, Clerk

APPLICATION FOR VOTER LIST

Date Requested: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

I would like the list of registered voters for:

- | | |
|--|---|
| <input type="checkbox"/> City Wide <i>(not available via e-mail)</i> | <input type="checkbox"/> Representative District # _____ |
| <input type="checkbox"/> Senatorial District # _____ | <input type="checkbox"/> City Council Ward # _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Check here if you would like voter history included (1996 to 2012) |

*All reports will include active voters only, unless otherwise specified by the applicant

Format:

- CD\ROM-DISC** (Provided in Pipe Delimited Text Format)
- E-MAIL** (Please provide e-mail address above) List will be in Alpha order / Street List (Excel)

Price List: CD - \$25.00 E-mail - \$25.00

We must receive payment in full before your order is processed. Please mail this application and your check or money order payable to "City Collector" to:

Providence City Hall
Board of Canvassers
25 Dorrance Street, Room 102
Providence, RI 02903

BOARD OF CANVASSERS

Providence City Hall | 25 Dorrance Street Room 102 Providence, Rhode Island 02903
401 421 0495 ph | 401 421 9397 fax
www.providenceri.com