



## VOTER INFORMATION REQUEST

SUBMIT TO:

CITY CLERK – Elections  
CITY OF STERLING HEIGHTS  
40555 UTICA ROAD  
P.O. BOX 8009  
STERLING HEIGHTS, MI 48311-8009

Email: [vote@sterlingheights.gov](mailto:vote@sterlingheights.gov)  
586-446-2420 Fax: 586-276-4077

COST: \$37.00

*(for office use only)*

Payment Received \_\_\_\_\_ (date)  
 Request Received By \_\_\_\_\_ (initials)

The information requested will be sent to the email address listed below

1. Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

2. Information Requested - All files will be provided in a csv format

- Permanent Absent Voter Application List**
- Permanent Ballot List**
- All Registered Voters**
- All Households with Registered Voters**
- Specific Election Information** – Provide detail of requested information, i.e. specific election date, voted absentee, voted at polls, etc.

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- Daily AV** – Voters who have been issued/returned Absentee Ballots for the current election.

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_