



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
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.

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

Signature of Requester: _____ Date: _____