



VOTER INFORMATION REQUEST FORM

SUBMIT TO:

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

Email: vote@sterling-heights.net
586-446-2420 Fax: 586-276-4077

COST: \$37.00

- Cash – in person
- Check – payable to City of Sterling Heights
- Credit Card
- Payment Received _____

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 (Excel File)

- Permanent Absent Voters
- Daily AV – Voters who have been issued/returned Absentee Ballots for the current election.
- All Registered Voters
- All Households with Registered Voters
- Specific Election Information – Provide detail of requested information, i.e. specific election date, absentee voters, voter who voted at polls, etc.

Signature of Requester: _____ Date: _____