

## Hamilton County Clerk

100 South Jackson Street Room 2 McLeansboro, IL 62859 (618) 643-2721 coclerk@hamiltoncountyil.gov

-OFFICE USE ONLY-	
□ Fee Waived with Candidate Filing/Party Chairman	
□ \$5.00 Specific Precinct/Ward/District	
□ \$50.00 Entire County	
Receipt # Date /	
Signature	

## HAMILTON COUNTY REQUEST FOR VOTER DATA

Fee: \$5.00 - Specific Precinct/Ward/District	\$50.00 - Entire County	
Public Request Form:		
List will include voter's name, address & the voti	ng history for the last 12 elections.	
Voter History List by: Name 🗆 Address 🗆	Specified by Party: $\mathbf{R} \square \mathbf{D} \square$ Both $\square$	
Name:		
Address:		
Phone Number: EMail:		
Signature of Requester:		
Registered Candidate/Political Committee Reque	st Form:	
List will include voter's name, address & voting history for the last 12 elections. If you want to include phone numbers or email addresses, it will reduce voting history to the last 9 elections.		
Include Phone Num	bers: Y / N Include Email Addresses: Y / N	
Voter History List by: Name 🗆 Address 🗆	Specified by Party: <b>R</b> 🗆 <b>D</b> 🗆 <b>Both</b> 🗆	
Name of Candidate/Political Committee:	Committee ID:	
Address:		
Phone Number: Email:		
I, the undersigned, am aware that only those candidates/political committees registered pursuant to the Illinois Campaign Finance Act or the Federal Campaign Act are qualified to receive this data. I hereby verify that the information shall be used only for bona fide political purposes and shall not be used under any circumstances for purposes of commercial solicitation or other business purposes. I further understand that violations of this provision can result in substantial penalty including, but not limited to, conviction of a Class 4 felony. (Chapter 10 ILCS 5/4-8, 5/7, & 6/35 Illinois Compiled Statutes)		
Signature of Candidate, Treasurer or	Chairman Date	