

Highlands County Public Data Order Form

Complete and return to the Supervisor of Elections
 580 S. Commerce Ave., Rm. A201, Sebring, FL 33870 or Fax to (863) 402-6657
 For clarifications call (863) 402-7029

Section 1		Contact Information	
Name _____	Office Use Only # Records		
Contact Person _____			
Office/Organization _____			
E-mail _____			
Phone _____		Date Ordered _____	
Section 2		Voter Records	
A. Output Options (<i>mark one</i>)			
<input type="checkbox"/> CD	\$10 - \$25	<input type="checkbox"/> Email – no cost	
<input type="checkbox"/> Labels	30¢ per page	Files supplied in a fixed layout (comma delimited).	
<input type="checkbox"/> Paper Lists	15¢ per page	A record layout of the file will be furnished with your file.	
B. Party (<i>mark one</i>)		C. Past Voting (<i>mark one</i>)	
<input type="checkbox"/> ALL <input type="checkbox"/> Dem <input type="checkbox"/> Rep <input type="checkbox"/> NP <input type="checkbox"/> Other		<input type="checkbox"/> No <input type="checkbox"/> Yes	
D. Race (<i>mark one</i>)		If Yes, complete the following:	
<input type="checkbox"/> ALL <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		<input type="checkbox"/> Last 20 election	
E. Sex (<i>mark one</i>)		<input type="checkbox"/> Custom Query (select from attached page 2)	
<input type="checkbox"/> ALL <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
F. Precinct/District Selection (<i>mark all applicable</i>)		G. Sort Option (<i>mark one</i>)	
<input type="checkbox"/> All Precincts		<input type="checkbox"/> Name	
<input type="checkbox"/> City Precincts Only (AP) (SEB) (LP)		<input type="checkbox"/> Name by Precinct	
<input type="checkbox"/> Congressional (17)		<input type="checkbox"/> Residence Address	
<input type="checkbox"/> Senate (21)		<input type="checkbox"/> Residence Address by Precinct	
<input type="checkbox"/> House (55)		<input type="checkbox"/> Zip Code	
<input type="checkbox"/> Co Commission		<input type="checkbox"/> Registration Number	
<input type="checkbox"/> School Board		<input type="checkbox"/> Household	
<input type="checkbox"/> Individual Precincts <i>(select from attached precinct list)</i>		mark one: <input type="checkbox"/> To the registered voters at: <input type="checkbox"/> To the [Last Name] household	
Section 3		Maps (17" x 22")	
H. County Precinct Map of All Voting Precinct Boundaries		<input type="checkbox"/> \$15.00 each	<input type="text" value="___"/> Quantity

