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INFORMATION REQUESTED LOG Requestor Name: Date of Request: _____ Phone: ____ Information Request in Detail: E-Mail address: Indicate Your Choice E-mailed: \$0.00 \$8.00 Cost per CD: Paper List: \$0.0025 per line with a min charge of \$3.00 ____ By typing your Name above and checking the box you verify that this is your signature and this is your request. Please email back to info@sumterelections.org

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