



INFORMATION REQUEST LOG

REQUESTOR NAME: _____

DATE OF REQUEST _____ PHONE: _____

INFORMATION REQUESTED (Please be sure to provide all details):

EMAIL ADDRESS: _____

FORMAT CHOICE:

VIA EMAIL (NO COST)

VIA USB DRIVE (\$10 – UP TO 16GB; Cost quote will be provided for larger sized USB drives)

VIA PAPER/PRINT (Cost quote will be provided according to FS 119.07(4))

OTHER/ADA ACCESSIBLE* Please describe _____

**Individuals who may need information in alternative formats than which is immediately available are requested to contact our office for additional assistance and further clarification of what those alternative formats may be.*

(1) _____

(2)

(1) TYPE YOUR NAME ABOVE &

(2) CHECK THE ABOVE BOX

--TO VERIFY THAT THIS IS YOUR SIGNATURE & YOUR REQUEST.

PLEASE SEND COMPLETED FORM VIA EMAIL TO: INFO@SUMTERELECTIONS.ORG

FOR OFFICE USE ONLY:

DATE COMPLETED: _____

INITIALS: _____

INFORMATION RELAYED VIA:

EMAIL PHONE

MAIL IN PERSON

OTHER/ADA _____

DATE PAYMENT _____

RECEIVED (IF APPLICABLE)