



# NASSAU COUNTY BOARD OF ELECTIONS

240 OLD COUNTRY ROAD, 5TH FLOOR

MINEOLA, NY 11501-4250

## Request for Board of Election Materials

PLEASE NOTE: The New York State Freedom of Information Act provides that the custodial agency may take up to five (5) working days to rule on a Freedom of Information request.

I hereby request the following records:

View only

Purchase

**Voting Statistics** Town/City \_\_\_\_\_ AD \_\_\_\_\_ ED \_\_\_\_\_ Years \_\_\_\_\_

Office \_\_\_\_\_

**Registration** Town/City \_\_\_\_\_ AD \_\_\_\_\_ ED \_\_\_\_\_ Years \_\_\_\_\_

or Enrollment Statistics \_\_\_\_\_

**Individual Registration and Enrollment Record**  
(List name, address and Date of Birth)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Forms**  English \_\_\_\_\_  Spanish \_\_\_\_\_  Absentee Ballot Application Forms \_\_\_\_\_

**Map** (List Town, AD, SD, CD, or LD)  Large \_\_\_\_\_  Small Composite \_\_\_\_\_

**Book**  Canvass Book \_\_\_\_\_  Enrollment Statistic Tabulation Book \_\_\_\_\_  
 Enrollment District Books (List Town/City AD & ED) \_\_\_\_\_

**Buff Book** (Complete back of the form) Town/City \_\_\_\_\_ AD \_\_\_\_\_ ED \_\_\_\_\_

**OTHER** \_\_\_\_\_

### Requesting Party Information (PLEASE COMPLETE ALL INFORMATION BELOW)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Request \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representing \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FOR BOARD USE ONLY

Submitted by: \_\_\_\_\_

Approval:

Rep. Mem. \_\_\_\_\_

Dem Mem. \_\_\_\_\_

Charge

Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE LIST THE NAMES AND ADDRESSES OF ALL EXAMINERS PRESENT**

PLEASE PRINT:

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

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