REQUEST FOR PUBLIC INFORMATION BERKS COUNTY ELECTION SERVICES

Date		
Requestor: Phone #:		<i>t</i> :
Information Requested:		
Fees:		
	Copy Fee:	
Total: D	Date Paid:	Cash/Check #
	<u>AFFIRMATION</u>	
I affirm that any information obtained from Registration Office will not be used for p as required by 25 Pa.C.S. § 1404(b)(3); and as required by 25 Pa.C.S. § 1207(b). I furt publication is prohibited by 4 Pa. Code § 1 <i>I verify that this statement is true and con</i>	urposes unrelated to election d that the material will not be u her affirm that I will not publis 83.14 (k). <i>Prect. I understand that false</i>	s, political activities or law enforcement used for commercial or improper purposes, sh the material on the Internet, as such statements made are subject to the
penalties of 18 Pa.C.S. Section 4904, relat Requestor's/Pick-up Name (Print)		or's/Pick-up Signature
Requestor's/Pick-up Street Address	City, State	Zip code
Requestor's Telephone Number (for office	use only) Date of	Pickup
Identification provided by requestor: PA Driver's License or PA Photo ID C	Card Driver's License #:	
Employee Photo ID Card	Employer Name:	ID #
Other Photo ID Card	Type of Card:	ID #
Other Form of Identification	Type of ID:	ID #
County Employee Name:		