



EL PASO COUNTY ELECTIONS DEPARTMENT VOTER INFORMATION REQUEST FORM

Submit completed request by mail, e-mail or in person using the contact information below:

El Paso County Elections Department

500 E. San Antonio Ave., Suite 314, El Paso, Texas 79901

Phone: (915) 546-2154 Fax: (915) 546-2220 E-mail: ep elections@epcounty.com

Requestor Information:

Is the information you are requesting for yourself? ☐ YES ☐ NO

Requestor Name (Required): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number (Required): _____

E-mail Address: _____

I have been advised that it is a crime for a person to use information in connection with advertising or promoting commercial products or services that the person knows was obtained under Texas Election Code, Section 18.008. Violations may be punished by a fine of up to one year. Please allow seven to ten business days for our office to respond to your request.

Requestor's Signature: _____ Date: _____

Requestee Information:

First Name: _____ Middle Name (if any): _____ Last Name: _____

Date of Birth: _____

Address: _____
Street, Address, City, State and Zip Code

Voter Unique Identifier Number (VUID) (Optional): _____

Voter information being requested:

☐ Voter Registration Certificate

☐ Voting History Record

☐ Other

If other, please explain:

Method of Delivery:

☐ Paper Copy (\$.10 per page)

☐ Certification of Voter Record (\$1.00)

☐ E-mail (Only Voting History Record)

Office Use Only:

Employee Name: _____

Employee Signature: _____

Payment: ☐ Cash ☐ Credit Card ☐ Check # _____ Total: \$ _____