AGREEMENT TO OBTAIN VOTER REGISTRATION DATA FROM STATEWIDE VOTER REGISTRATION SYSTEM (SVRS) **(IEC-3)**

State Form 46551 (R8 / 3-23)
Indiana Election Division (IC 3-7-26.4-8; IC 3-7-26.4-9; IC 3-7-26.4-10)

INSTRUCTIONS: Mail / Hand-deliver the signed **original** of this completed form to: Indiana Election Division, 302 W. Washington St., Room E204, Indianapolis, IN 46204

I request a copy of the Statewide Voter Registration Computerized List in accordance with Indiana Code 3-7-26.4.

I understand that:

1. The state file only contains data from those counties which have made submissions in accordance with IC 3-7-26.3 and does **not** contain data from other sources.
2. I will receive a **restricted** copy of the most recent submission by the counties to the Indiana Election Division. I understand that I will not receive date of birth, gender, telephone number, voting history, a voter's identification number or other unique field established to identify a voter, or the date of registration of the voter. (IC 3-7-26.4-8)
3. There is no charge to receive a **restricted** version of this data.
4. I understand this form may not be filed by fax or electronic mail. (IC 3-5-4-1.7)
5. The Indiana Election Division cannot warrant the accuracy or completeness of the data provided by the counties.

I agree that:

1. I will not use this data to solicit merchandise, goods, services, or subscriptions.
2. I will not sell, loan, give away or otherwise deliver to any other person (as defined by IC 5-14-3-2) for a purpose other than political activities or political fund-raising activities.

Name		Organization (if applicable)
Address	City, State	Zip
Phone		E-Mail
Signature		Date

☐ Approved ☐ Denied by Co-Directors of the Indiana Election Division		Date *(month, day, year)*
Signature of Co-Director		Signature of Co-Director