

Pulaski County Circuit/County Clerk

Voter Registration Department

Voter Data Request Form (PSR)

REQUESTER INFORMATION

Name: _____

Email: _____

Phone: _____

DATA REQUEST

Political Subdivisions (choose one):

- Countywide
- Specific District(s)
(please list) _____

Voters (check all that apply):

- Active
- Inactive

Voting History (please list):

Specific Election(s): _____
(Please give the year and specific election - General, Primary, or other. Limit to 20 elections per PSR)

Voter Information (check all that apply):

- Name Date of Birth
- Address Party
- Mailing Address Registration Date

Special Requests/Notes: _____

MEDIA PROVIDED AND COST

There is no charge for data provided via email. Cost for any other data format will be discussed upon request.

Please note: Under Arkansas law, source of registration cannot be provided.

OFFICE USE ONLY

Date Submitted:

Date Processed:

Processed By:



Address: 401 W. Markham St, Little Rock, AR 72201 (South Lobby)

Mailing Address: P.O. Box 2659, Little Rock, AR 72203-9444

Phone: 501-340-8336 **E-mail:** vrcr@pulaskiclerk.com

Website: www.pulaskiclerk.com