

**REQUEST FOR PUBLIC INFORMATION**  
**BUTLER COUNTY ELECTION SERVICES**

Date \_\_\_\_\_ Requestor/Candidate: \_\_\_\_\_

Phone # \_\_\_\_\_ Office: \_\_\_\_\_

Information Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charges:

# Labels \_\_\_\_\_ Copy Fee: \_\_\_\_\_ CD \_\_\_\_\_  
Total:\$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check# \_\_\_\_\_

**AFFIRMATION**

I affirm that any information obtained from the records requested from the Butler County Elections and Voter Registration Office **will not be used for purposes unrelated to elections, political activities or law enforcement**, as required by 25 Pa.C.S. § 1404(b)(3); and that the material will not be used for commercial or improper purposes, as required by 25 Pa.C.S. § 1207(b). I further affirm that I will not publish the material on the Internet, as such publication is prohibited by 4 Pa. Code § 183.14 (k).

*I verify that this statement is true and correct. I understand that false statements made are subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
Requestor's/Pick-up Name (Print)

\_\_\_\_\_  
Requestor'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

Requesting information on behalf of Candidate: \_\_\_\_\_

Identification provided by requestor:

\_\_\_ PA Driver's License or PA Photo ID 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: \_\_\_\_\_