



FREE WALKING LIST FOR CANDIDATES

REQUEST FOR PUBLIC INFORMATION
BERKS COUNTY ELECTION SERVICES

DATE OF REQUEST: _____

CANDIDATE'S NAME: _____

TITLE OF OFFICE FOR WHICH YOU ARE CIRCULATING A PETITION:

ELECTORAL DISTRICT IN WHICH THE NOMINATION OR ELECTION IS TO BE MADE:

REQUESTER (REQUESTING INFORMATION ON BEHALF OF CANDIDATE):

Democratic Party List Republican Party List Both Parties List (*Cross-Filing*)

Email me a PDF file - You will receive your requested list in an encrypted email.

OR

Print my list & call me when it is ready for pickup.

Phone #: _____

Email : _____

AFFIRMATION

I affirm that any information obtained from the records requested from the Berks 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.

Print Requester's Name (*Required*)

Requester's Signature (*Required*)

Requester's Street Address (*Required*)

City, State

Zip Code

ATTENTION: A copy of one of the following documents must be submitted with this request: Valid (unexpired) PA Driver's License or PA Photo ID Card, Employee Photo ID Card, other Photo ID Card or other Form of Approved Identification.