Reset Form

Please complete, print, sign and bring to Clerk's Office

VOTER REGISTRATION INFORMATION REQUEST

City Clerk Richard M. Steenland

City of Roseville Clerk's Office
29777 Gratiot Avenue
Roseville, MI 48066
(586) 445-5443

REQUESTOR INFORMATION

FORM MUST BE COMPLETED IN FULL AND PRINTED LEGIBLY

Please choose one of the following:

- Candidate Name: _____
- Organization: _____
- Political Committee: _____

Date of Request _____

Name (Please Print) _____

Address _____

Phone Number _____ E-Mail _____

Signature _____

- ***The Clerk's Office will contact you with the total balance due based on your request.***
- ***All fees must be paid in full prior to processing your request.***
- ***Allow 2 or 3 business days for processing once the request is paid in full.***

Voter labels	$10 set-up plus $0.50 per label sheet
Voter printout	$10 set-up plus $0.03 per printed page
Voter information - CD	$ 20.00
Precinct Map	$ 2.50

Description of request (please include the type of format - CD, Label or printout and any sorting preferences)

For Office Use Only – Clerk's Authorization _____ Prepared by _____

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