



NASSAU COUNTY BOARD OF ELECTIONS

400 COUNTY SEAT DRIVE  
MINEOLA, NY 11501-4800

Time Stamp

Request for Board of Elections Materials

**PLEASE NOTE:** The New York State Freedom of Information Act provides that the custodial agency may take up to five (5) working days to rule on a Freedom of Information request.  
The Nassau County Board of Elections does not sell any documents with a voter's signature or social security number.

I hereby request the following records:  View only  Purchase

**Voting Statistics** Town/City \_\_\_\_\_ AD \_\_\_\_\_ ED \_\_\_\_\_ For the year(s) \_\_\_\_\_  
Office \_\_\_\_\_

**Registration or Enrollment Statistics** Town/City \_\_\_\_\_ AD \_\_\_\_\_ ED \_\_\_\_\_ For the year(s) \_\_\_\_\_

**Individual Registration and Enrollment Records** \_\_\_\_\_  
(List name, address and \_\_\_\_\_  
Date of Birth) \_\_\_\_\_

**Map** (List: Town, AD, SD, CD, or LD)  Large \_\_\_\_\_  Small Composite \_\_\_\_\_

**Book**  Canvass Book \_\_\_\_\_  Enrollment Statistic Tabulation Book \_\_\_\_\_

Enrollment District Books (List: Town/City AD and ED) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Polling Place Book \_\_\_\_\_

**OTHER** \_\_\_\_\_

**For View Only:** Please list the names and addresses of all examiners who will be viewing documents: PLEASE PRINT

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Examiner's Signature \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Requesting Party Information** (PLEASE COMPLETE ALL INFORMATION BELOW)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for request \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representing \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR BOARD USE ONLY**

Submitted by: \_\_\_\_\_

**Approval:**

Rep. Member \_\_\_\_\_

Dem. Member \_\_\_\_\_

Charge

Rejected: \_\_\_\_\_

Date: \_\_\_\_\_