

VOTER REGISTRATION INFORMATION REQUEST

City Clerk Richard M. Steenland

City of Roseville Clerk's Office

29777 Gratiot Ave.

Roseville, MI 48066

Phone: (586) 445-5443

Fax: (586) 774-8048

cityclerk@roseville-mi.gov

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: _____

Email Address: _____

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 Fee: \$10 set-up plus \$0.50 per label sheet
- Voter Print Out Fee: \$10 set-up plus \$0.50 per page
- Voter Information – CD Fee: \$20.00
- Voter Information Setup/Emailed: \$15.00 Voter Information Emailed Weekly Fee: \$10.00

Please give a detailed description of t your request (include type of format)

Clerk's Authorization: _____

Date: _____