Registered Voter Information Request Form



Sort Order			Data Delivery Preference	
Select One:			Cost \$15.00 per individual list	
Alpha by Name			CD Email	
☐ Alpha by Precinct			*If file is too large, data can only be saved on a CD	
☐ By Residence (walking list)			Payment of cash or check accepted.	
Household			Make checks payable to "Supervisor of Elections"	
Option 1:				
☐ All registered voters in Indian River County				
Option 2:				
□ Voters in Specific Municipality : □ Voters in Specific Precinct(s): □ Voters in Mosquito Control District □ Voters in Hospital District □ Voters in Sebastian Inlet Taxing District □ Voters in Soil & Water Conservation District				
Voting History: *Maximum 20 elections				
□ Specific Elections:				
(Specify year and election type) Select Demographics:				
Party:	Gender:	Race:		
□ All	□ All	□ All	☐ American Indian/ Alaskan Native	
☐ Republican	□ Males	☐ Hispanic	☐ White, non-Hispanic	
☐ Democrat	☐ Females	-	Pacific Islander	
☐ No Party		☐ Black, non-Hispanic		
\square Other(s)			F	
Requester's Name:			Special Instructions:	
Signature:				
Address:				
Phone:				
Email:			Save file in Excel TVES TNO	

Note: Data files on CDs and emails are in comma delimited ASCII format unless specified. First row contains headers. For ease of interpretation, data shall be imported into Excel. The Supervisor of Elections cannot provide technical support beyond this information.

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