



FREE WALKING LISTS 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*)

PHONE #: _____ EMAIL ADDRESS: _____

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.

Requester's Name (Print)

Requester's Signature

Requester's Street Address

City, State

Zip Code

Email File Call me when ready for pick-up

ATTENTION: Please submit at time of request a copy of one of the following documents; PA Driver's License or PA Photo ID Card, Employee Photo ID Card, Other Photo ID Card or other Form of Approved Identification.