Pulaski Circuit County Clerk Department of Voter Registration

401 W. Markham, Little Rock, AR 72201 P.O. Box 2659, Little Rock, AR 72203-9444

Phone: 501-340-8336 Fax: 501-421-9255

OFFICE USE ONLY

Date Submitted: Media Type:_____ Date Processed: Number of Voters:

E-mail: vrcr@pulaskiclerk.com		Processed by:	
VC	TER DATA REC	QUEST FORM	
Individual/ Organization Name:		Address (if Mailed):	
Phone:	Email Address:		
*Requests are completed 48 hours from sul *Note: If submitted after 2:00 pm, requests *Current Election requests cannot be proce *Requestor must have access to compatible	will not be processed until the ssed until voting history has be	peen updated.	<u>ım</u>)
Media Provided and Cost:			
Email: No ChargeCD: No ChargePaper: \$0.50 first page, \$0.25 each	page thereafter		
Please Indicate Data Requested Where	Applicable:		
Voter Information:			
Active VotersInactive & Active	Voters Countywide o	r Areas Within (Specify)	
NameAddressMailing A	AddressPhone	PartyRegistration DateDate of Birth	
Voting History:			
None Voted inof lastele	ctions (limit 20) Specific E	lections	
Voter History Special Request:			

Under Arkansas law, source of information cannot be provided.