Angela Kaiser
Jo Daviess County Clerk and Recorder
330 N. Bench Street, Room 108
Galena, Illinois 61036-1828
Phone 815.777.0161/Fax 815.777.3688

FEE SCHEDULE AND APPLICATION PROCESS
FOR
VOTER REGISTRATION/VOTER HISTORY LISTS

VOTER REGISTRATION INFORMATION: Shall be current as of the day the list is generated. If voting history is requested, it shall be current as of the most recent canvassed election.

FORMAT: All lists are available in PDF format. Please indicate your preferred method as Print, CD, Labels, or Email.

CANDIDATE/CAMPAIGN: During an election cycle, the first list is free.

FEES AND PAYMENT: Must be received in advance of list delivery. If request is mailed, we will contact you with the required fee amount. All fees for mailed lists in Print, CD, or Label will include postage.

LIST w/o HISTORY	PRINT or CD	LABELS	EMAIL
PER PRECINCT	$2.00	$2.00 Flat Fee plus .02 cents per label	$2.00
PER DISTRICT	$5.00	$2.00 Flat Fee plus .02 cents per label	$5.00
COUNTY-WIDE	$25.00	$2.00 Flat Fee plus .02 cents per label	$25.00
		(fee notification after total calculated)	

LIST w/ HISTORY	PRINT or CD	LABELS	EMAIL
PER PRECINCT	$3.00	$2.00 Flat Fee plus .02 cents per label	$3.00
PER DISTRICT	$6.00	$2.00 Flat Fee plus .02 cents per label	$6.00
COUNTY-WIDE	$30.00	$2.00 Flat Fee plus .02 cents per label	$30.00
		(fee notification after total calculated)	

APPLICATION: The application must be filled out completely and the original submitted to the Jo Daviess County Clerk. Please allow one (1) week for processing by this office.

DISCLAIMER: Voter data is available to local candidates/campaigns and registered political committees for bonafide political purposes only. Use for commercial solicitation or other business purposes is prohibited. (Chapter 10 ILCS 5/4-8, 5-7, and 6-35, Illinois Compiled Statutes).

APPLICATION FOR VOTER LISTS/VOTER HISTORY CONTAINING
JO DAVIESS COUNTY VOTER REGISTRATION INFORMATION

CANDIDATE/CAMPAIGN:_____

MAILING ADDRESS:_____

CITY/STATE/ZIP:_____

TELEPHONE:_____

DISTRICT(S) REQUESTED:_____

FIRST LIST OF ELECTION CYCLE: ☐ NO ☐ YES

VOTER HISTORY: ☐ NO ☐ YES VOTER HISTORY DATES (CHECK NO MORE THAN FIVE BOXES)

YEAR_____ ☐ PRIMARY ☐ GEN/CONSOLIDATED
YEAR_____ ☐ PRIMARY ☐ GEN/CONSOLIDATED
YEAR_____ ☐ PRIMARY ☐ GEN/CONSOLIDATED
YEAR_____ ☐ PRIMARY ☐ GEN/CONSOLIDATED
YEAR_____ ☐ PRIMARY ☐ GEN/CONSOLIDATED

DELIVERY INSTRUCTIONS:

☐ Hold for pickup (Name)_____
☐ Mail (address if different from above)_____
☐ Email address:_____

DATA FORMAT:

I, the undersigned, in requesting copies of the Jo Daviess County Voter Registration information for the above entity, do solemnly swear (or affirm) that this information shall be used for bona fide (political and governmental information) purposes. Under no circumstances shall this information be used for commercial solicitation or any other business purpose.

APPLICANT SIGNATURE:_____DATE:_____

OFFICE USE ONLY

Date Application Received:	Number of CDs:
Number of Labels:	Size of Email file:
Data Current as of:	Total Cost: