

Request for Voter Registration Applications

Organization or Entity (if applicable):
Organization Phone Number:
Contact Name:
Contact Phone Number:
Contact Email:
Shipping Address:
Date(s) of Registration Drive:
Quantity of Applications Requested:
I request permission to pick up applications fromCounty Election Board.
I request permission to download and print Voter Registration Applications.
I will pick up applications from the State Election Board.
Provide a brief description of plans for use or distribution of the Oklahoma Voter Registration Application.
If you have made a request within the last 30 days, you must confirm that all previously requested applications have been distributed.
I affirm that all previously requested Voter Registration Applications have been distributed.
Signature of Requestor: Date
Email completed form to: info@elections.ok.gov
For Administrative Use Only:
Request Approved Request Denied Permission Revoked
Signature of Secretary/Assistant Secretary: Date
Special Conditions/Notes: