



OKLAHOMA
State Election Board

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 from _____ County 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: _____