

TOWN OF GOFFSTOWN, N.H.
REQUEST FOR COPY OF VOTER CHECKLIST

Please **PRINT** the following information:

Date Requested: _____ Requested by: _____

Organization (if applicable): _____

Address: _____

Town/State/Zip Code: _____

Telephone # where you can be reached in case of questions: _____

Purpose for which requested: _____

The Checklist is available as an alpha listing as follows: (Please place an "x" next to your choice)
\$25.00 plus \$0.50 per 1,000 names or portion thereof in excess of 2,500.

CD_____ E-Mail_____ File Format: PDF_____ XLS_____

Email Address: _____

Please list the election date and describe the specific information requested:

ATTACH PAYMENT: CASH OR A CHECK – made payable to “Town of Goffstown” for the amount indicated by your choice.

PLEASE ALLOW FIVE (5) BUSINESS DAYS for processing of your checklist request after we have received your payment.

If you have questions, please contact the Town Clerk at
497-8990 ext. 109, Fax 497-5710 or Email cball@goffstownNH.gov

Please Remit to: Goffstown Town Clerk, 16 Main Street, Goffstown, NH 03045

FOR OFFICE USE ONLY

Request approved by: _____ Date: _____

Request completed by: _____ Date: _____