



REGISTRAR
OF VOTERS

WASHOE COUNTY REGISTRAR OF VOTERS VOTERS LIST WORK ORDER

Date: _____

Company/Organization: _____

Contact: _____

Mailing Address: _____

Phone: (____) _____ - _____ E-mail: _____

Receive list as: CD E-mail (if able) USB Thumb Drive (add\$5) Labels (by household)

Paper List: *alpha* *alpha by precinct* *street by precinct* *walk*

Precincts: _____

Districts: _____

Special Instructions: _____

Pursuant to NRS 293.440(1), I hereby agree to pay in full, upon receipt of above ordered voters list, all actual costs. I understand that the deposit required will be forfeited upon cancellation.

Customer Signature: _____ Staff Name: _____

-----OFFICE USE ONLY-----

Record Count: _____

CD/e-mail/paper list..... \$0.01/name

Adhesive labels..... \$0.02/label

USB Stick\$5.00 each

Estimated cost: _____ Actual cost: _____

60% deposit: _____ Deposit paid: _____

-----RECEIPT-----

Received by: _____

Amount Paid: _____ Receipt No.: _____ Deputy Initials: _____