

This form must be signed to receive your printing order.

<b>PRINTING REQUEST FORM</b>	<b>DATE STAMP:</b>
<b>LISTS</b>	<b>LABELS</b>
<input type="checkbox"/> Walking <input type="checkbox"/> Walking, <i>with Voting History</i> <input type="checkbox"/> Precinct <input type="checkbox"/> Precinct, <i>with Voting History</i> <input type="checkbox"/> School District <input type="checkbox"/> School District, <i>with Voting History</i> <input type="checkbox"/> Other _____ _____	<b>Individual</b> <input type="checkbox"/> Sort by Precinct <input type="checkbox"/> Sort by Last Name <b>Household</b> <input type="checkbox"/> Sort by Precinct <input type="checkbox"/> Sort by Last Name <input type="checkbox"/> Sort by ZIP Code

**PARTY:**

(Check all that apply.)

Democrat

Republican

Issues Only

Undeclared

ALL

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mail To:** Licking County Board of Elections  
Don Hill County Administration Building  
20 South Second Street  
Newark, Ohio 43055