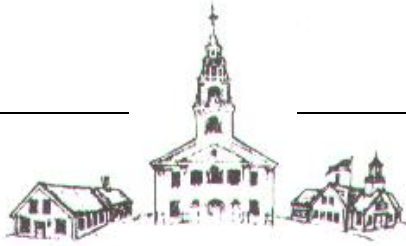


TOWN OF ACWORTH

P.O. Box 37
Acworth, NH 03601

Office of Town Clerk



Phone: 603-835-6879
Fax: 603-835-7901
Email: atclerk@sover.net

**Town of Acworth
Voter Checklist Request**

Date: _____

Name: _____
Please print

Address: _____

E-Mail Address: _____

Phone #: Home _____ Work _____ Cell _____

Party Affiliation or Political Group: _____

I am requesting a copy of the voter checklist for the Town of Acworth for:

Year: _____ Election: _____

Year: _____ Election: _____

Year: _____ Election: _____

I am requesting a copy in the following form: (Disc and Sticks provided by customer)

Disk _____ Stick _____ Paper _____ E-Mail _____

Fee for Checklist in any form: \$25.00

Number of Copies _____ Fee \$25.00 Total Amount Due \$ _____

Check# _____ Cash _____ CC _____

___An Electronic Data Release has been signed

___A copy of RSA 654:31 has been issued

THIS CHECKLIST CANNOT BE USED FOR COMMERCIAL PURPOSES PER RSA 654:31