

**AFFIRMATION PURSUANT TO REQUEST FOR ELECTION INFORMATION**

**TO BE USED ONLY FOR INFORMATION GENERATED FROM THE**

**STATEWIDE UNIFORM REGISTRY OF ELECTORS (SURE) SYSTEM**

I affirm that any information obtained from the records requested from the Armstrong County Election and Voter Registration Office will not be used for purposes unrelated to elections, political activities or law enforcement, as required by 25 Pa C. S. Sections 1404 (b)(3) & (c)(2) and Pa. Code Sections 183.13(c)(2) and 183.14(b)(4); and that the material will not be used for commercial or improper purposes, as required by 25 Pa.C.S. Section 1207 (b). I further affirm that I will not publish the material on the internet, as such publication is prohibited by 4 Pa Code Section 183.13 and 183.14(k).

I verify that this statement is true and correct. I understand that false statements made are subject to penalties of 18 Pa C.S. Section 4904, relating to unsworn falsification to authorities.

Requester's Signature:	
Requester's Name (PRINTED):	
Requester's Address:	
City/State/Zip:	
Requester's Daytime Phone:	
Requesting Information on Behalf of:	
<b>INFORMATION REQUESTED:</b>	
<b>TYPES OF IDENTIFICATION REQUIRED TO REQUEST ABOVE INFORMATION:</b>	
<input type="checkbox"/> PA Drivers License	<input type="checkbox"/> PA Photo ID Card
<input type="checkbox"/> Employee Photo ID Card	<input type="checkbox"/> Other Photo ID Card
<input type="checkbox"/> Non-Photo ID (2 required)	<input type="checkbox"/> Other
<b>IF MAILING, PLACE A COPY OF ID HERE</b>	
<b>OR</b>	
<b>IN PERSON VERIFY ID WITH SIGNATURE</b>	
REQUEST PROCESSED BY:	DATE PROCESSED:

(THIS FORM WILL NOT BE AVAILABLE FOR PUBLIC INSPECTION OR COPYING)