NASSAU COUNTY BOARD OF ELECTIONS
240 OLD COUNTRY ROAD
MINEOLA, NY 11501

Board of Elections Data Processing Request Form

PLEASE NOTE: The New York State Freedom of Information Act provides that the custodial agency may take up to five (5) working days to make a determination on a Freedom of Information request.

The Nassau County Board of Elections will produce data files for purchase within the following guidelines at the discretion of the Board:

1. Data will be customized for villages, school districts, and special districts ONLY. All other requests will be processed with countywide information.
2. Data will be produced on either a 3.5" 1.4 Mb floppy diskette or CD-ROM depending on the size of the data file that is produced.
3. Data will be produced in standard DBF format and a record layout sheet will be provided.
4. Data reports will not be customized on an individual basis. They will be limited to the formats available that include the information requested on the form below. It will be in standard DBF format.
5. Data reports produced for this request will be current to the first of the month in which this request is made.
6. The cost of data files will be provided upon request.

REQUEST FOR ELECTRONIC DATA

Date of Request: ___________

Please provide a specific description of the data you require

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Requesting Party Information: (PLEASE PRINT LEGIBLY)

Name: ____________________________

Home Address: ____________________________

City: ____________________________

Representing: ____________________________

Daytime Phone: ____________________________

Business Address: ____________________________

City: ____________________________

Signature: ____________________________

FOR BOARD USE ONLY

☐ ACCEPTED
☐ REJECTED

REP. COMMISSIONER ____________________________

DEM. COMMISSIONER ____________________________

DATE: ____________________________

SUBMITTED BY: ____________________________

DATA PROCESSING DEPT. SIGN-OFF

REPUBLICAN DCO__________________________

DEMOCRATIC DCO__________________________