

TOWN OF GOFFSTOWN, N.H.
REQUEST FOR COPY OF VOTER CHECKLIST

Please **PRINT** the following information:

Date Requested: _____

Requested by: _____

Organization (if applicable): _____

Address: _____

Town/State/Zip Code: _____

Telephone # where you can be reached in case of questions:

GOFFSTOWN HAS TWO (2) VOTING DISTRICTS (District 1 is the village area and is the larger of the two districts. District 5 covers the Pinardville area).

THE CHECKLIST IS AVAILABLE AS AN ALPHA LISTING AS FOLLOWS:
(Please place an "x" next to your choice)

_____ \$25.00 plus \$0.50 per 1,000 names or portion thereof in excess of 2,500
_____ Paper _____ CD _____ E-mail (pdf file format)

Email Address: _____

ATTACH PAYMENT: CASH OR A CHECK MADE PAYABLE TO THE "TOWN OF GOFFSTOWN" FOR THE AMOUNT INDICATED BY YOUR CHOICE.

PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR THE PROCESSING OF YOUR CHECKLIST REQUEST. IF WE CAN PROVIDE YOU WITH THE INFORMATION ANY SOONER, WE WILL.

If you have questions, please contact the Town Clerk at 497-8990 ext. 109 or via email at cball@goffstownNH.gov Mail Request to: Goffstown Town Clerk, 16 Main Street, Goffstown, NH 03045

FOR OFFICE USE ONLY

Request approved by: _____ Date: _____

Request completed by: _____ Date: _____

UPON COMPLETION, PLEASE RETURN THIS FORM (AND LIST IF APPLICABLE) TO
THE TOWN CLERK