

# Municipal Designated Election Official (DEO) Voter Lookup Request Form

I am the DEO of a Municipality

## Your Contact Information

Last name

First name

Middle name

Email address

## Your phone number

Phone number

Extension

Group/Organization

Political subdivision

Election date (mm/dd/yy)

## Signature Verification

Check this box if your municipality is required to conduct signature verification for mail ballot elections. Please provide the citation to your municipal charter or code that requires signature verification.

## Acknowledgement

By checking this box, I acknowledge that the requested voter registration information will be used by or on the behalf of a political subdivision of the state of Colorado for the sole purpose of conducting election(s) according to the requirements of the Colorado law. I agree that the voter registration information will be maintained in a secure environment that ensures confidentiality. I further agree that confidential voter registration information will not be disclosed, distributed, or sold to any third party.

**Please submit your request by email.**

If approved, you will receive a phone call with your user credentials and an email with instructions on how to access the Voter Lookup database.

### Colorado Secretary of State

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Denver, Colorado 80290

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