ur Contact Information .ast name	First name	Middle name
mail address		
Your phone number Phone number Extension		
roup/Organization		
olitical subdivision	Election date (mm/dd/yy)	

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.

Special District Designated Election Official (DEO) Voter Lookup Request Form

Colorado Secretary of State

1700 Broadway, Suite 550 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861

Email: elections@coloradosos.gov