Secretary of State Elections Division | 255 Capitol St. NE, Suite 501, Salem, OR 97310 | p.503.986.1518 | f.503.373.7414 | www.oregonvotes.gov

Request for Statewide and Less Than Statewide Voter List

Obtaining a Voter List: Any person may obtain an electronic copy of a statewide or less than statewide voter list from the Office of the Secretary of State, Elections Division, or any county elections official. All requests for a hardcopy of a less than statewide voter list, labels, or other non-electronic formats must be made with the county elections official of each county in which voters to be listed reside.

File Generation: A statewide voter list consists of 11 separate .txt files that are zipped and delivered on dvd or posted to an ftp or dropbox site. The statewide voter list is separated into Oregon's five congressional districts. For each congressional district one file is generated that contains detailed registration information for the registered voters in that district and a second file is generated that contains the registrant's associated vote history. The final .txt file contains a list of districts by precinct and split. This file may be used to determine the districts in which a voter is eligible to vote in.

Note: Due to file size limitations the statewide voter list may be separated in a manner other than described above.

File Format: The following is the file layout of both the voter registration and vote history files:

VOTER ID	PHONE NUMB	POST DIRECTION	EFF ADDRESS 3
FIRST NAME	UNLISTED	UNIT TYPE	EFF ADDRESS 4
MIDDLE NAME	COUNTY	UNIT NUM	EFF CITY
LAST NAME	RES ADDRESS 1	ADDR NON STD	EFF STATE
NAME SUFFIX	RES ADDRESS 2	CITY	EFF ZIP CODE
BIRTH DATE	HOUSE NUM	STATE	EFF ZIP PLUS FOUR
CONFIDENTIAL	HOUSE SUFFIX	ZIP CODE	ABSENTEE TYPE
EFF REGN DATE	PRE DIRECTION	ZIP PLUS FOUR	PRECINCT NAME
STATUS	STREET NAME	EFF ADDRESS 1	PRECINCT
PARTY CODE	STREET TYPE	EFF ADDRESS 2	SPLIT

Staff Person Who Filled Request

Note: The vote history files also include voter participation information for each requested election and appears at the end of the layout provided above.

Request Information	n					
Date of Request			Contact Phone Number or Email Address			
Person and/or Orga	nization Making Reques	st				
Request is for:	t is for: Statewide Voter List Less than Statewide Voter List :					
Please include:					Elections Requested:	
Voter Registration Information ONLY Active F			ve Registered Voters ON	AND Inactive Registered Voters ALL Statewide Elections since 20 Registered Voters ONLY Specific Election: e Registered Voters ONLY		
Delivery Method: D For Mailed DVD ple Address: City: State: Payment: By signing below y with ORS 247.955.	Zip: Credit Card (will be co	Elections Division for the obtain a user name and if you would like to recoregistration and voter had method.	SFTP Site Information: Please contact the Elections Division for the site address and to obtain a user name and password if you would like to receive the voter registration and voter history files by this Contact in phone: 50 toll free: 8		986.1518 5.673.8683 ss@state.or.us	
Signature				Date Signed		
For Office Use Only						
Total Number of Re	cords Provided	Cost		Payment Me	thod	

Date File was Produced

Date Request was Filled/Shipped