

PLACER COUNTY OFFICE OF ELECTIONS
APPLICATION/REQUEST TO OPEN NEW ACCOUNT

DATE: _____ **ACCT. NO:** _____
(Office Use Only)

COMPANY NAME: _____

CONTACT PERSON: _____

RESPONSIBLE PARTY: _____
PRINT LAST FIRST MIDDLE INITIAL

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BILLING ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

DRIVERS LICENSE #: _____ **DOB:** _____

E-MAIL: _____

SIGNATURE: _____

Customer hereby agrees to notify our office in writing 30 days prior to closing their account and/or ending their subscription. Customer is responsible for payment of their full account balance monthly, within 30 days of invoice date.

TYPE OF REQUEST:
(Precinct maps, walking lists, misc.)

SIGNATURE AUTHORITY FOR: _____
