



Miami-Dade County Elections Department – Public Services Counter

PETITION ORDER FORM

(One order per form)

Date: _____ **Order:** _____ of _____ **Receipt #:** _____

Order taken via: Phone ___ Person ___ Mail ___ **Order taken by:** _____

Name of requestor: _____ **Contact Person:** _____

Phone: _____ **Phone:** _____

Name of Petition: _____ **Petition #:** _____

EXTRACT ONLY:	OUTPUT FORMAT:
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- Valid voters only
- Invalid voters only
- Everyone who signed valid and invalid

- CD Rom
- List
- Labels

SPECIAL REQUEST:	SORT BY:
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(.15 cents per page)

- Petition stats only
- Copies of actual petition signed

- Alpha, Certnum
- Certnum, Alpha
- Precinct, Alpha

ACKNOWLEDGEMENT

Order placed by: _____ **Date:** _____
(Print)

Order picked up by: _____ **Date:** _____
(Print)

Convert Data to Access? YES () NO ()
If yes, \$10.00 will be added for conversion of data.

Amt. ordered: _____ X _____ + _____ = _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Count per 1000 Service Charge Total </div>	Paid in full: Yes () No ()
Finished count: _____ Job #: _____	Balance due: _____
Date balance paid: _____	