

MAIL-IN VOTER REGISTRATION APPLICATION DISTRIBUTION PLAN

State of Nevada

Requestor Information:

Name: Sharlene Bogan Title: Corporate Director of Compliance
Organization: Milan Institute
Address: 1720 W. Walnut Ave Phone: _____
City: Visalia State: CA Zip: 93277 Email: sbogan@milaninstitute.edu

Distribution Information:

Number of Applications Requested: 200 Start Date: _____ Return Date: _____

Counties where applications
will be distributed (check all
that apply)

☐ Carson City
☐ Douglas
☐ Eureka
☐ Lincoln
☐ Nye
☐ Washoe

☐ Churchill
☐ Elko
☐ Humboldt
☐ Lyon
☐ Pershing
☐ White Pine

☐ Clark
☐ Esmeralda
☐ Lander
☐ Mineral
☐ Storey
☐ Statewide

Specific locations where applications will be distributed: _____

Certification of Requestor:

I hereby certify under penalty of perjury that these voter registration applications will be distributed and used in compliance with the provisions of Nevada Revised Statutes and the Nevada Administrative Code. I understand that any person, either for himself or another, who: willfully gives false answers to questions relating to the required information on the voter registration application; willfully falsifies his registration application in particular; violates any of the provisions of the election laws of this state; or knowingly encourages another to violate such laws is guilty of a felony. I agree to return any unused applications in my possession to either the County Clerk/Registrar of Voters or Secretary of State on or before October 8, 2010.

☐ I have read and understood the statements above.

Signature: _____ Date: _____

For Office Use Only:	Number of applications issued _____	Date issued: _____
	Control numbers issued: _____	
	Official issuing applications: _____	