



# ANN HARRIS BENNETT

Tax Assessor-Collector

## AUTHORIZATION TO DISCLOSE CONFIDENTIAL VOTER INFORMATION

I request that the Harris County Tax Office release my voter registration records, including information that is considered confidential by law, to the Representative named below:

Name of Voter \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Voter Registration Certificate Number \_\_\_\_\_

Signature of Voter \_\_\_\_\_

\*Date \_\_\_\_\_

\*\*Representative Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ (cellular) \_\_\_\_\_

\* This Authorization to Disclose Confidential Voter Information is valid for one (1) year unless otherwise specified. Authorization is effective until: \_\_\_\_\_, 20\_\_\_\_.

\*\* Representative shall be required to present a valid state issued driver's license or personal identification card or federal identification to receive requested voter registration records of the voter listed above.