

# Elections System of the Virgin Islands

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## EXAMINATION & COPY OF RECORDS

TERRITORY OF THE VIRGIN ISLANDS

District of St. \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing or Physical Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

I am a register voter: Yes No

Number of Copies Requested: \_\_\_\_\_

Name of Documents to be examined: \_\_\_\_\_

Purpose of examination of document(s) \_\_\_\_\_

Fee due to the Election System of the Virgin Islands: \$ \_\_\_\_\_

I understand that I must abide by the procedures that govern the examination and copying of records, no records are to be removed from the viewing area, and no records are to be written on our altered in any way. If this office should all of sudden need to refer to records, which are being viewed by a person, then the records are immediately returned upon request. I, the undersigned, declare under perjury that the information furnished herein is correct and complete and that I will only utilize the information for the purpose outline in the request, nor will I disposed of it in an unauthorized manner as determined by the Election System of the Virgin Islands.

\_\_\_\_\_  
Signature of Requestor

Reviewed by:

\_\_\_\_\_  
**ELECTION OFFICIAL**