

WASHAKIE COUNTY CLERK
P.O. BOX 260
WORLAND, WY 82401
307-347-3131
307-347-9366 FAX
clerk@washakiecounty.net

OATH

I hereby affirm that I am requesting voter registration data in the capacity of
(check and complete appropriate category)

_____ Candidate for political office _____
Office
_____ Elected Official _____
Title
_____ Officer of candidate's campaign _____
Title
_____ Officer of political party central committee _____
Title Committee Name
_____ Officer of organization supporting or opposing a petition drive or ballot proposition _____
Title Organization Name

AND

In accordance with the Wyoming Election Code W.S. 22-2-113, I understand that the above voter registration data is to be used for political purposes only and is not to be used for commercial purposes.

_____ Date
Signature of Affiant

Please Print: Name _____
Address _____
City, State, Zip _____
Telephone _____