



NORTH CAROLINA

State Board of Elections

NVRA SUPPLIES REQUEST FORM

NVRA AGENCY VOTER REGISTRATION PROGRAM

PO Box 27255, Raleigh NC 27611-7255

TO:	State Board of Elections	DATE:
FROM:	Contact Name	
AGENCY:	Agency Name	Check if you are the Site Coordinator? <input type="checkbox"/>
	Physical Address	Mailing Address
	City/State/Zip	City/State/Zip
	Phone	Email

To ensure that your order is filled correctly please complete all fields.

Each box contains 1000 (10 packs of 100), but you may request as few as needed.

FORM TYPE	DESCRIPTION	QUANTITY REQUESTED
01	Public Assistance Agencies (DSS, WIC, etc)	
02	Disability Services (Vocational Rehab, Services for Blind, Services for Deaf & Hard of Hearing, etc.)	
03	Employment Security Commission	
06	Mail-In	
07	In-Person/Voter Registration Drives	
08	Libraries/High Schools/Colleges/County Senior Facility/Parks & Rec	
09	Spanish Language Forms	
TOTAL		

You may fax or email your order:

Fax
(919) 715-0135

Email
elections.sboe@ncsbe.gov

For Office Use Only	
ORDER NO.	
RECEIVED	
SENT	