

South Dakota Absentee Voter Registration File—Data Request Form

Name _____ Phone # _____

Business or Organization Name _____

Mailing address _____ City _____ State _____ Zip _____

E-mail address _____

A NEW FORM must be completed for EACH ELECTION.

The fee for an electronic (emailed) absentee voter list, per election, is determined by the number of registered voters and is as follows ([ARSD 05:04:06:09](#)):

- **Statewide** - \$225
- **Legislative District** - \$50
- **County** - \$10 for up to 1,000 names
- **County** - \$25 for 1,001 to 10,000 names
- **County** - \$50 for 10,001 to 25,000 names
- **County** - \$75 for more than 25,000 names

ELECTION requested (choose only one):

- ☐ Primary
- ☐ Runoff
- ☐ General

JURISDICTION requested (choose only one):

- ☐ Statewide
- ☐ Legislative District: _____
(List Legislative District Number)
- ☐ County: _____
(Print County Name)

- **PLEASE NOTE:** the list that you will be provided is not retroactive. It includes the activity for that day only.
- Once your request is received, you will be contacted regarding the fee and payment.
- Payment and the request form must be received prior to 2:00 PM Central in order to receive that day's list at 6:30 PM Central.
- List distribution via email will begin on the day absentee voting begins in South Dakota for the selected election.

In accordance with SDCL 12-4-41, I understand that the voter registration data obtained from the statewide voter registration database may not be used or sold for any commercial purpose and may not be placed for unrestricted access on the Internet.

DATE _____ SIGNATURE _____

If you are **purchasing a statewide list** email this form to: elections@state.sd.us OR mail to South Dakota Secretary of State, 500 East Capitol, Ste 204, Pierre, SD 57501; 605-773-3537.

****Make checks payable to Secretary of State****

If you are **purchasing a county or legislative list**, please purchase that from your county auditor.

COUNTY/SOS OFFICE USE ONLY

Amount Paid \$ _____ Payment Type: _____ Date Paid: ____/____/____

Date file given or emailed: _____ Staff Initials: _____

Last Updated: 09.29.2025