

# 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](mailto: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 a credit/debit card is used, a convenience fee will be applied to cover processing costs\*\***

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: 12.03.2025