

AN ELECTOR MAY FILL OUT THIS FORM OR GO ONLINE TO SOS.MT.GOV IN ORDER TO REQUEST A VOTER REGISTRATION LIST

I, (print name)			, hereby request the information below for a list of registered voters for		
	All of Park Cour	E y			
	Precinct (s):		Name of Precinct (s)		
	District (s):		Name or	type of District (s)	
	Other – Specify				
	E CIRCLE YOUR		ve & Inactive	Active Only	Inactive Only
FEES: Check All That Apply					
	_ \$25.00	Basic Emailed List of Registered Voters			
	\$.50 per Page for Printed List of Registered Voters				
	\$.05 per Label (s) Printed				
	\$25.00 Current List of Permanent Absentee Voters				
	\$25.00 Absentee Report emailed daily when absentee voting starts. Fee for entire election period. This report is not separated by precinct or district.				
		s) furnished are for <i>Noncol</i> s the information furnishe		ed by Section 13-2-122, MCA ercial use:	
Signatu	re			Date	
Phone:			Email:		