



AN ELECTOR MAY FILL OUT THIS FORM OR GO ONLINE TO SOSMT.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 County
- Precinct (s): _____ Name of Precinct (s)
- District (s): _____ Name or type of District (s)
- Other – Specify: _____

PLEASE CIRCLE YOUR CHOICE: **Active & Inactive** **Active Only** **Inactive Only**

FEES: Check All That Apply

- _____ \$25.00 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 includes entire election period.

I understand that the item(s) furnished are for *Noncommercial Use*, as required by Section 13-2-122, MCA. By signing, the signor agrees the information furnished shall be for noncommercial use:

Signature

Date

Phone: _____

Email: _____