



Voter Registration List Request

Sanders County Election Office
PO Box 519
Thompson Falls, MT 59873
Phone: 406-827-6949
Fax: 406-827-6970

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

I, (print full name) _____, hereby request the information below for _____

- Precinct(s) Specify which Precincts if not requesting all Precincts _____
- Ward Specify which City/Ward if not requesting all Cities/Wards _____
- District Specify which District if not requesting all Districts _____
- County Sanders County only, contact other Counties directly. _____
- Statewide Please contact Secretary of State's Office for Statewide Lists.
- Other – Specify: _____

at a charge not to exceed actual cost. That cost is understood to be:

_____	<u>\$.25 per page</u>	<u>for Hard Copy Registration List</u>
_____	<u>\$.05 per label</u>	<u>for Label(s)</u>
_____	<u>\$25.00 each</u>	<u>for Emailed Absentee Distribution List Updated Weekly (Per election: \$25 Primary; \$25 General)</u>
_____	<u>No Charge</u>	<u>for Emailed Voter List (one time per election)</u>
_____	<u>\$ To Be Determined</u>	<u>for Other – Specify: _____</u>

EMAIL ADDRESS YOU WISH THE LIST(S) TO BE EMAILED TO: _____

ADDRESS YOU WISH PRINTED LIST OR LABELS TO BE MAILED TO: _____

CONTACT PHONE NUMBER IN CASE OF QUESTIONS: _____

I understand that the item(s) furnished are for noncommercial use, as required by Section 13-2-122, Montana Code Annotated.

Signature of Elector - *by signing here the signer agrees the information furnished shall be for noncommercial use.* _____ **Date** _____