



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** _____