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 County

□ Precinct (s): ___________________________ Name of Precinct (s)

□ District (s): ___________________________ Name or type of District (s)

□ Other – Specify: ___________________________

PLEASE CIRCLE YOUR CHOICE:

<table>
<thead>
<tr>
<th>Active &amp; Inactive</th>
<th>Active Only</th>
<th>Inactive Only</th>
</tr>
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</table>

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.

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: ________________________________