

AN ELECTOR MAY FILL OUT THIS FORM AND MAIL IT TO 512 CALIFORNIA AVE., LIBBY, MT 59923 OR EMAIL IT TO PBUFF@LIBBY.ORG TO REQUEST A VOTER LIST. YOU MAY ALSO FAX IT TO 406-293-8577 (IF FAXING, PLEASE CALL TO CONFIRM RECEIPT)

I (print full name)	haraby request the information below:
I, (print full name)	, fieleby request the information below:
Full County List (all Active, Inactive, Provisional and La Precinct(s) District Other – Specify:	
at a charge not to exceed actual cost. That cost is underst	tood to be:
\$0.25 per pag	ge per printed registration list
	OR
\$0	per email/electronically
I understand that the item(s) furnished are for noncomm	nercial use, as required by Section 13-2-122, Montana Code Annotated.
My Contact Information:	Date Needed:
Phone:	
Thorics.	(Specific calendar date – please allow two days for processing)
Email:	
Signature of Elector – (no electronic signature –	Date Signed by Elector
the signer agrees the information furnished	
shall be for noncommercial use)	