



PAULA ROBINSON
FLATHEAD COUNTY CLERK & RECORDER

CLERK & RECORDER/AUDITOR/SURVEYOR

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iDOC WEB PORTAL REGISTRATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Desired Username: _____

Password will be assigned.

Subscription to the iDoc Web Portal is \$180.00 annually. You will be notified 30 days before your subscription is due to be renewed. Please include your check, money order or credit/debit card information for processing. You may return this registration form via mail, fax or scan and email – addresses and phone numbers are listed at the top of this form.

Payment method: Check # _____

Credit/Debit card # _____ Expiration __/__

Billing statement address: _____ Zip _____

CVS # on back ____