

VOTER REGISTRATION LIST REQUEST FORM

1. Requestor's Information

Name	
Address	
City, State, Zip	
Phone Number	
Email address	

2. List(s) you are Requesting

<input type="checkbox"/> Voter Registration <input type="checkbox"/> active voters <input type="checkbox"/> inactive voters	
<input type="checkbox"/> Voter Walking List	<input type="checkbox"/> Voting History (list of who voted in a specific election) Year _____ Election _____
<input type="checkbox"/> Daily Absentee Report	Which election? _____ <i>(Requires a \$50 set up fee)</i>

3. District requested:

City: <input type="checkbox"/> Columbia Falls <input type="checkbox"/> Kalispell <input type="checkbox"/> Whitefish	<input type="checkbox"/> Countywide	<input type="checkbox"/> Fire District: _____
<input type="checkbox"/> House District # _____	<input type="checkbox"/> Precinct # _____	<input type="checkbox"/> Senate District # _____
<input type="checkbox"/> Ward # _____	<input type="checkbox"/> Other: <i>(please specify)</i> _____	

The information you request will be supplied in Excel format unless otherwise indicated.

Pdf
 Word
 Text
 hardcopy *(standard copy charges apply)*

Fees are at a charge not to exceed actual cost. Those fees are:

Standard Data export – email	\$5.00
Custom Data export – email	\$10.00
Standard Data export – CD	\$15.00
Custom Data Export – CD	\$20.00

Total : _____ **Payment Method:** Cash _____ Check _____ Debit/Credit _____

Please return this form along with payment (cash, check, money order, debit/credit cards info*) to:

Flathead County Election Department, 290 B N. Main St, Kalispell, MT 59901

Fax – (406) 758-5877 or email – electionweb@flathead.mt.gov

Use of the list requested is for NON-COMMERCIAL purposes as required in MCA 13-2-122.

Your required signature indicates agreement to the terms above.

SIGNATURE OF INDIVIDUAL REQUESTING MATERIAL

**Debit/credit cards, will be assessed an additional 3% convenience fee and we will call you for card information.