



Flathead County Election Department

290 B N. Main St, Kalispell, MT 59901
406-758-5535 elections@flathead.mt.gov

Request for Voter Documentation

Full Name: _____ **DOB:** _____

Montana Driver License or State ID # OR Last four digits of SSN: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

I, the voter, request the following documentation:

- Montana Voter Confirmation Card
- Montana Certificate of Registration

To be provided by the Flathead County Election Office in the selected method:

- In person
- Mailed to the address provided above.
- Mailed to the address provided above and a digital copy emailed to:

Email Address: _____

Signature: _____ **Date:** _____