CASCADE COUNTY

Elections Department
325 2nd Ave N Ste.#100
Great Falls MT 59401

REQUEST FOR VOTER INFORMATION

Request Date _____ Name (Print) _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Cascade County is prohibited by Montana State Law (MCA 13-2-122) from distributing voter registration information for COMMERCIAL USE:

I _____ *do hereby certify that I am not requesting information for commercial purposes.*

Signature of Requestor _____ Date: _____.

Note: ***Absentee Ballots Sent Report*** *will* ***ONLY*** *be run once per day; first thing in the morning. The report will show all ballots sent the previous day or prior.* ***NO EXCEPTIONS!***

REQUESTED REPORT: _____
(Voter list, Absentee voter list, Permanent absentee voter list, etc.)

Registration Date Range: ◯ ALL ◯ From _____ To _____

Report Date Range: From _____ To _____

District Requested: ◯ County ◯ Precinct ◯ House ◯ Senate ◯ Other _____

Registrant Status (Select all to be included):

◯ Active ◯ Inactive ◯ Canceled ◯ Pending ◯ Provisional ◯ All

Sort by: ◯ ID ◯ Voter Name ◯ Address ◯ Precinct ◯ Reg Date ◯ Status ◯ Absentee

Format: ◯ Labels ($0.56 per page) ◯ Email List ($0.0025 per elector name)

◯ Printed List ($0.50 first page *Only*, $0.25 each additional page) ◯ USB Drive ($10 each)

For Office Use Only:

# of Pages or Voters: _____ Pymt Type: _____
Total Fee: $_____ Receipt #: _____
Invoice No.: _____ Completed by: _____

Phone:(406)454-6803 Fax:(406)-454-6725
Email: elections@cascadecountymt.gov
https://www.cascadecountymt.gov/205/Elections