Declaration of Change of Address
by Legislative Candidate

If a candidate for the Legislature changes residence the candidate shall notify the Secretary of State within 15 days after the change.

DECLARATION TO BE FILED WITH SECRETARY OF STATE

To the Secretary of State of the State of Montana:

I, _____________________________, the undersigned citizen of the United States of America and resident of the State of Montana, County of ______________________, and:

☐ candidate of the _____________________________ Party;
☐ nonpartisan candidate; or
☐ independent candidate; or
☐ write-in candidate;

for the office of _____________________________, District # (if applicable) _____, in the State of Montana at the _____________________________ election to be held in said district on the _______day of ______________________, 20____.

Pursuant to 13-10-201, MCA, I hereby notify the Secretary of State that on the ___ day of ________, 20___, I changed my residence.

Mailing Address: ____________________________________________
Street or PO Box
City Zip

Residence Address: ____________________________________________
Street
City Zip

County of Residence: _____________________________ Home Phone: ________________ Work Phone: ________________

Email Address: _____________________________ Website Address: _____________________________

AFFIRMATION OF QUALIFICATIONS - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED.

☐ I affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named.

OR

☐ I affirm that I no longer possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named and am submitting a statement of withdrawal pursuant to 13-10-325, MCA.

DATE ___________________, 20 ____

(Signature of Candidate)

NOTARY OR AUTHORIZED OFFICER

State of Montana
County of _____________________________

Signed and sworn to before me this _______day of ______________________, 20_______ by _____________________________.

Printed Name of Candidate

Signature of Notary or Public Official
[Montana notaries must complete the following if not part of stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____________________________
Residing at: _____________________________
My commission expires: ______________________, 20______

Where to file this form:
Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Email: soselections@mt.gov
By Fax: 406-444-2023

Updated November 3, 2017