



# Petition for Recount by Candidate

Subject to 13-16-201(1)(a), (1)(b), or 13-16-211, MCA, a defeated candidate may file a verified petition stating that the candidate believes that a recount will change the result and that a recount of the votes for the office or nomination should be conducted.

FOR FILING  
OFFICE ONLY

Filed on \_\_\_\_\_

Document No. \_\_\_\_\_

By \_\_\_\_\_

Deputy or filing officer

PETITION TO BE FILED WITH  SECRETARY OF STATE  COUNTY ELECTION ADMINISTRATOR

To the Honorable Secretary of State or County Election Administrator:

I, the undersigned candidate for the office of \_\_\_\_\_, in the \_\_\_\_\_ Election held on \_\_\_\_\_, 20\_\_\_\_, believe that a recount of votes cast for said office will change the result and that a recount of the votes for the office or nomination should be conducted and hereby petition for a recount of the ballots cast for said office.

CERTIFICATION OF PETITION FOR RECOUNT - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

NOTARY OR AUTHORIZED OFFICER

State of Montana

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_.

Printed Name of Candidate

**Where to file for Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sosmt.gov/elections](http://sosmt.gov/elections)  
By Fax: 406-444-2023

**Where to file for County, City and most Local District offices:**

County Election Office  
A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_

[SEAL/STAMP]

FOR ELECTION OFFICE USE ONLY:

Date petition received: \_\_\_\_\_ Amount of bond, if needed<sup>±</sup>: \_\_\_\_\_

Candidate name \_\_\_\_\_ Votes received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL VOTES CAST FOR THIS OFFICE: \_\_\_\_\_

# of votes difference between winning candidate and candidate filing this petition: \_\_\_\_\_

Percentage difference \_\_\_\_\_\*

\*Note: Take the vote difference divided by total votes cast and multiply by 100. This is the percentage difference. A recount is permitted if the percentage difference is within the limits specified in 13-16-201, MCA.

<sup>±</sup> In certain cases specified in the law, the candidate must post a bond to pay the costs of the recount.