



Petition for Recount of Ballot Issue

13-16-201, MCA

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, believe that a recount of votes cast on ballot issue _____ in the _____ Election held on _____, 20____ will change the result and that a recount of the votes should be conducted in that election and hereby petition for a recount of the ballots cast for said ballot issue.

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

Signature of Petitioner _____

Date _____

NOTARY OR AUTHORIZED OFFICER

State of Montana

County of _____

Signed and sworn to before me this _____ day of _____, 20_____ by _____

Printed Name of Petitioner

Where to file for Statewide or multi-county ballot issues:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: sosmt.gov/elections
By Fax: 406-444-2023

Where to file for county, municipality, or district within a county ballot issues:

County Election Office
A list of county election offices may be found at: sosmt.gov/elections

[SEAL/STAMP]

Signature of Notary or Public Official _____

Printed Name of Notary Public _____

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20_____

FOR ELECTION OFFICE USE ONLY:

Date petition for recount received: _____

Votes cast on ballot issue:

FOR: _____

AGAINST: _____

TOTAL VOTES CAST ON THIS BALLOT ISSUE: _____

of votes difference between FOR and AGAINST: _____

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.



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PETITION SIGNATURES TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR

We, the qualified electors signing below, hereby petition for a recount of votes cast on ballot issue _____ in the _____ Election held on _____, 20____.

WARNING

A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

Signature	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Printed Last Name and First and Middle Initials	For County Election Office Use Only	
				Legis. Rep. Dist #	Rsvd
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COUNTY _____

Submit this form to County Election Administrator **with affidavit attached** to each sheet or group of up to 25 sheets.



Affidavit of Petition Signature Gatherer

An affidavit must be attached to each sheet or section submitted to the election administrator. Separate sheets of a petition may be fastened to this affidavit in sections of not more than 25 sheets.

AFFIDAVIT FILED WITH ELECTION ADMINISTRATOR

I, _____,
(printed name of person who is the signature gatherer)

swear that I gathered the signatures on the petition to which this affidavit is attached on the stated dates, that I believe the signatures on the petition are genuine, are the signatures of the persons whose names they purport to be, and are the signatures of Montana electors who are registered at the address or have the telephone number following the person's signature, and that the signers knew the contents of the petition before signing the petition.

Date on which the first signature **attached** was gathered

(Do NOT sign on the line below before gathering the signatures on the petition(s) that you attach to this affidavit.)

Signature of petition signature gatherer

Address of petition signature gatherer

City, state and zip code

NOTARY OR AUTHORIZED OFFICER – DO NOT FILL OUT THIS SECTION UNTIL AFTER THE SIGNATURES GATHERED HAVE BEEN ATTACHED TO THIS AFFIDAVIT

State of Montana
County of _____

Signed and sworn to before me this _____ day of _____, 20____ by _____.
Printed Name of Signature Gatherer

Where to file Petition and Affidavit:
County Election
Administrator's Office
A list of county election offices may be found at:
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]