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

<table>
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<tr>
<th>Signature of Petitioner</th>
<th>Date</th>
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NOTARY OR AUTHORIZED OFFICER

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<th>State of Montana</th>
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<td>County of ___________________________</td>
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| 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](http://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](http://sosmt.gov/elections)

**FOR ELECTION OFFICE USE ONLY:**

Date petition for recount received: ______________________

Votes cast on ballot issue:

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<th>FOR:</th>
<th>AGAINST:</th>
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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.

Updated November 13, 2018
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.

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<th>Signature</th>
<th>Date Signed</th>
<th>Residence Address or Post-Office Address or Home Telephone Number</th>
<th>Printed Last Name and First and Middle Initials</th>
<th>For County Election Office Use Only</th>
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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.

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

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of ____________

Residing at: __________________________
My commission expires: ________, 20____

Where to file Petition and Affidavit:
County Election Administrator’s Office
A list of county election offices may be found at: sosmt.gov/elections

[SEAL/STAMP]

Updated November 13, 2018