



# Affidavit of Individual Challenging An Elector

**TO BE COMPLETED BY ELECTOR INITIATING CHALLENGE AND SUBMITTED TO THE ELECTION OFFICE AT ANY TIME, OR TO AN ELECTION JUDGE AT THE POLLING PLACE ON ELECTION DAY.**

STATE OF MONTANA )  
 ) ss  
County of \_\_\_\_\_ )

**CERTIFICATION OF CHALLENGER – CHALLENGER MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED**

I, \_\_\_\_\_, a registered elector, do swear (or affirm) that the following individual, \_\_\_\_\_, is not eligible to vote for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Challenger Date

**NOTARY OR AUTHORIZED OFFICER**

State of Montana  
County of \_\_\_\_\_

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

\_\_\_\_\_  
*Printed Name of Challenger*

\_\_\_\_\_  
Signature of Notary Public or Public Official

[STAMP OR SEAL]