Notary Journal Retention Location Form

Pursuant to 44.15.110 ARM, this form allows for documentation of the relinquishment of one's notary journal and the acceptance of responsibility by the employer

Notary:

Phone:

Email:

Name of Entity Retaining Journal:

Entity's Phone:

Entity's Email:

Physical Location of Journal:

Physical Address City State Zip Code

As the employer listed above, I agree to be held responsible for ensuring proper storage of the aforementioned notary journal for 10 years following the performance of the last notarial act recorded pursuant to 44.15.110, ARM and 1-5-618(1)(d), MCA.

I, affirm, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature Date

As the notary, I understand that I am responsible for retrieval of my notary journal upon demand. I will respond to all inquiries about notarizations in my journal and provide copies of any entry at anytime in accordance with 1-5-618(6), MCA.

I, affirm, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature Date

Please return this completed form to SOSNotary@mt.gov