



# Water and/or Sewer District Election Nonregistered Elector Mail Ballot Request Form

Ballots are automatically mailed to electors that are already registered to vote with an active status at an address within the Water and/or Sewer District. To verify your voter registration information, including your registration status, please visit [www.MyVoterPageMT.com](http://www.MyVoterPageMT.com) or call the county elections office at (406)256-2740. This form is intended to be used by individuals who qualify to vote in the district pursuant to 7-13-2212(1)(b) through (1)(d) regarding real property ownership within the district. The deadline for property owners to request a ballot, including those voting on behalf of a property held in trust or a property owned by a corporation or company, is 25 days before Election Day. If you have questions about this form or the qualifications to vote in a Water and/or Sewer District election, please contact the elections office at (406)256-2740.

I hereby swear and affirm that I am \_\_\_\_\_  
FIRST NAME (Please print) LAST NAME (Please print) Date of Birth

I hereby request a ballot for the \_\_\_\_\_ Water and/or Sewer District's  
election to be held on \_\_\_\_\_.

I affirm that I am qualified to vote in this election because I am (check all that apply):

- An owner of the property located at \_\_\_\_\_ within the district or  
proposed district. (Property address)
- The person designated to vote by the owners,  
\_\_\_\_\_, of the property located  
(Names of property owners)  
\_\_\_\_\_ within the district or  
(Property address)  
proposed district.
- An individual representing the \_\_\_\_\_  
(Name of corporation/company)  
corporation or company that owns property within the district or proposed district.
- A designated agent for the following property held in trust located within the district or  
proposed district \_\_\_\_\_  
(Taxable real property physical address)

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail ballot to me at the following address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Submit completed and signed form with proof  
of payment of taxes to:**

Yellowstone County Elections  
P.O. Box 35002  
Billings, MT 59107-5002

Phone: 406-256-2740  
Fax: 406-254-7940  
[elections@yellowstonecountymt.gov](mailto:elections@yellowstonecountymt.gov)