DISTRICT RESIDENCY FORM
CERTIFICATE OF ERROR

STATE OF MONTANA)
) ss.
County of _____)

I, _____ DO HEREBY CERTIFY that I signed this affidavit to obtain a (name of district) _____ School District No. _____ ballot for the reason that I now live within this District at the following address:

_____
(Street and Number or Post Office Box)

_____
(City, State and ZIP Code)

_____
(Signature of Elector)

VERIFIED VIA TELEPHONE from the Election Department the above name is a current Registered Elector.

Subscribed and sworn to before me this _____ day of _____, 20____.

_____
(Signature of Election Judge)

13-2-603, MCA