



ELECTIONS OFFICE  
325 2<sup>nd</sup> Ave N  
Great Falls MT 59401

PHONE: (406) 454-6803

**NOTICE OF DESIGNATION OF SPECIAL DISTRICT AGENT**

Please complete the following form if you own taxable real property within the boundaries of a proposed or existing County Special District and the property is: (1) owned by more than one person, (2) owned by a corporation or company, or (3) held in trust.

This designation is valid for the following election date:

\_\_\_\_\_

This designation is valid for the following Special District:

\_\_\_\_\_

Montana code Annotated § 7-13-2212(2) (2017) provides that the designation shall be sent at least **25 days** before the election:

Cascade County Elections  
325 2<sup>nd</sup> Ave N or PO Box 2305  
Great Falls, MT 59403  
406-454-6803  
\_elections@casadecountymt.gov

If you are a resident of the district or the sole owner of the property you do not need to complete this form and may vote without designating an agent.

**DESIGNATION OF AGENT OR REPRESENTATIVE**

Please select the following category of ownership and identify the designated agent.

(1) ***Agent Designated by Owners of Property Owned by More than One Person.***

\_\_\_\_\_ is the designated agent of landowners with taxable real property within the boundaries of the proposed or existing district that is owned by more than one person. Below are the signatures from the property owners.

(2) ***Representative of Corporation or Company.***

\_\_\_\_\_ is the designated agent of a corporation or company with taxable real property within the boundaries of the proposed or existing district. Below are the signatures of the corporate officers or company members with requisite authority to designate an agent to act on its behalf.

(3) ***Designated Agent for Property Held in Trust.***

\_\_\_\_\_ is the designated agent of a property held in trust within the boundaries of the proposed or existing district. Below are the signature(s) from the Trustee(s).

**PLEASE SEE BACK OF PAGE FOR SIGNATURE BLOCKS**



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**IDENTIFICATION OF DESIGNEE:**

Designated Agent Name: \_\_\_\_\_

Designated Agent **Mailing** Address: \_\_\_\_\_  
*(address which ballot should be sent)*

**IDENTIFICATION OF PROPERTY:**

Taxable Real Property Owner Name(s): \_\_\_\_\_

Taxable Real Property **Physical** Address: \_\_\_\_\_

**VERIFICATION OF OWNERS:**

By signing below, I verify that I am an owner of taxable real property within the boundaries of the proposed or existing district, a corporate officer or company member that owns taxable real property within the boundaries of the proposed or existing district with requisite authority to designate an agent to act on the corporation or company's behalf, or a Trustee for a property held in trust within the boundaries of the proposed or existing district.

Furthermore, I verify that the above-named agent or representative has requisite authority to vote in this election for the proposed or existing district.

If executed within the state:

I declare under penalty of perjury that the foregoing is true and correct.

If executed in any place outside the state:

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

**Signatures of Taxable Property Owners/Officers of Corporation/Officers of Company/Trustees: *(use additional sheets if needed)***

\_\_\_\_\_  
Name on Deed/Officer Name/Trustee                      Date

\_\_\_\_\_  
Name on Deed/Officer Name/Trustee                      Date

\_\_\_\_\_  
Name on Deed/Officer Name/Trustee                      Date

\_\_\_\_\_  
Name on Deed/Officer Name/Trustee                      Date