

Affirmation and Signature

I affirm, under penalties of false swearing in [45-7-202. MCA](#), that the information provided in this application form is true, correct and complete.

Property Owner Signature _____

Date

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Printed Name _____

Contact Information

Mail completed application, including all supporting documentation, to your local Department of Revenue field office. Go to revenue.mt.gov for the mailing addresses of our Department of Revenue field offices.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.