

Application for Absentee Ballot

Including Absentee List Request, Election Specific Absentee Ballot Request, Request for Absentee Ballot Due to Illness or Health Emergency or to be removed from receiving an Absentee Ballot.

Fields marked with an asterisk (*) are required fields.

Please type or use black or blue pen only and print clearly. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE BY NOON THE DAY BEFORE ELECTION DAY

APPLICANT IDENTIFYING AND CONTACT INFORMATION	V				
Last Name*	First Name*	Middle Name (Optional)			
Birthdate* (MM/DD/YYYY)	Phone Number (Optional)	Email Addr	Email Address (Optional)		
County where you reside and are registered to vote* Mailing Address (required if differs from residence address*)	Montana Residence Address*		City*	 Zip Code*	
]		
	City and State		Zip Code		
Check if the mailing address listed above is for pa Clearly print the complete mailing address(es) and speci				lot list only).	
Seasonal Mailing Address (Optional)	City and State	·	Zip Code	Period (mm/dd/yyyy-mm/dd/yyyy)	
BALLOT REQUEST OPTIONS AND VOTER AFFIRM			,		
By signing below, I understand that I am of residency requirement before voting my ab emergency.)	ficially requesting an absentee	ballot and affii		ve met the 30-day Montana	
*Signature of Elector	*Date Signed				
Optional – Voter Information Pamphlet Requ	uest (An electronic version of thi	s pamphlet can	n be found at <u>sos</u>	mt.gov/elections.)	
Please send current Voter Information	Pamphlet, if applicable to this e	lection			
Optional – Designate another person to pick	c up your absentee ballot				
I, the elector who signed below, hereby desig	gnate		to	pick up my absentee ballot.	
Receipt of absentee ballot by designee: I red	ceived the absentee ballot for t	ne applicant or	•	•	
			Date ballot rece	ived	
Signature of Designee	Signature of Elector		Date Signed		
Optional – Revert to Non-Absentee Voter (T	his would revert you to only vot	ing at your loca	al polling place.)		
Please check this box to affirm that you place on election day.				to vote at your local polling	
Optional – Affidavit of elector (due to illnes	s or health emergency)				
Optional: I hereby declare that I am prevent on the Friday preceding the election and 8 p	ed from voting at the polls due	o illness or hea	alth emergency o	occurring between 5:00 p.m.	
Signature of Elector	Date Signed				