

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

Last Name*	First Name*	Middle Name (Outlean)	
	i i st Name	Middle Name (Optional)	
rthdate* (MM/DD/YYYY)	Phone Number (Optional)	Email Address (Optional)	
ounty where you reside and are registered to vote*	Montana Residence Address*	City* Zip Coc	e*
			-
lailing Address (required if differs from residence address*)	Cir. Jon		
(addition if differs from residence aduless*)	City and State	Zip Code	
Check if the mailing address listed above is for parearly print the complete mailing address(es) and specified.	rt of the year only and if so, complete	the information below (for absentee ballot list only).	
easonal Mailing Address (Optional)	City and State		
The second secon		Zip Code Period (mm/dd/yyyy-rr	ım/dd/yyyy)
ALLOT REQUEST OPTIONS AND VOTER AFFIRMA			
Yes, I request an absentee ballot to be	e mailed to me for ALL electior	s in which I am eligible to vote as long as I reside at t	he
ddress listed on this application. I understa	nd that if I file a change of add	ress with the U.S. postal service, I must complete, sig	gn, and
eturn a confirmation notice mailed to me by	y the county election office;		
R			
I hereby request an absentee ballot for	the upcoming election (check	only one):	
Primary General Mu	unicipal Other	election to be held on	
			10000
By signing below, I understand that I am off	ficially requesting an absentee	ballot and affirm that I will have met the 30-day N	lontan
esidency requirement before voting my abs	ficially requesting an absentee		lontan
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ptional – Revert to Non-Absentee Voter (The Please check this box to affirm that you place on election day. Ptional – Affidavit of elector (due to illness primal: I hereby declare that I am prevented the elector who signed below.	rest (An electronic version of the Pamphlet, if applicable to this up your absentee ballot nate eived the absentee ballot for Signature of Elector his would revert you to only vou do NOT want to receive an autor for health emergency) and from voting at the polls due	*Date Signed to pick up my absentee the applicant on Date Signed to pick up my absentee the applicant on Date Signed to pick up my absentee the applicant on	ballot
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