Request to be Added/Removed from the Absentee List

Fields marked with an asterisk (*) are required.

☐ I am a registered Montana elector in _____ County.*
(Verify your voter registration status at votemt.gov)

APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name* | First Name * | Middle Name

Birthdate* | Phone Number | Email Address

Montana Residence Address* | City* | Zip Code*

Mailing Address *(required if different from residence)* | City and State | Zip Code

☐ Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only). Clearly print the complete mailing address and specify the applicable time periods for address.

Seasonal Mailing Address (optional) | City and State | Zip Code | / / to / / (mm/dd/yyyy) (mm/dd/yyyy)

Does your Seasonal Mailing Address occur annually? ☐ Yes ☐ No

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

I request an absentee ballot mailed to me for:

☐ ALL elections

OR

☐ The upcoming election

OR

☐ I request to be removed from the absentee list and become a polling place elector.

By signing below, I understand that:

I affirm under penalty of perjury that the information on this form is true and correct, and I will be a Montana resident for at least 30 days before the next election, that I am not serving a felony conviction in a penal institution, and that I have not been found to be of unsound mind by a court. I understand that if I have given false information on this form, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

_____ _____
Signature of Elector* **Date***

OPTIONAL- DESIGNATE ANOTHER PERSON TO PICK UP YOUR ABSENTEE BALLOT

I, the elector who signed below, hereby designate _____ to pick up my absentee ballot.

_____ _____ _____
Signature of Designee **Signature of Elector** **Date Signed**

Receipt of absentee ballot by designee: I received the absentee ballot on _____.
Date Ballot Received

Submit completed form to your local county elections office.