



Individual with a Disability Application for Electronic Absentee Ballot



Fields marked with an asterisk (*) are required. Complete the form and submit to the county election office by noon the day before election day.

- I am a registered Montana elector in _____ County.*
(Verify your voter registration status at votemt.gov)
- I am an individual with temporary or permanent physical impairment such as impaired vision, impaired hearing, or impaired mobility.*

APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name*	First Name *	Middle Name
Birthdate*	Phone Number	Email Address*
Montana Residence Address*	City*	Zip Code*
Mailing Address <i>(required if different from residence)</i>	City and State	Zip Code

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

I request an absentee ballot be emailed to me for:

- All elections (federal, primary, general, and special)
(for individuals with permanent physical impairments)

OR

- The upcoming election ONLY

By signing below, I understand that:

I am officially requesting an electronic absentee ballot and affirm that I am an individual with a disability, that I will have met the 30-day Montana residency requirement before voting my absentee ballot, that all the information on this form is true and correct, 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 application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature of Elector*	Date*
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If the elector is unable to sign, a fingerprint, mark, or agent is accepted.