Change Absentee Ballot Status

Including Absentee List Request, Election-Specific Absentee Ballot Request, Request for Absentee Ballot Due to Illness or Health Emergency, Designate Another Person to Pick up Your Ballot, or Removal from Absentee List

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

Last Name*	First Name*	Middle Name

Birth Date* (MM/DD/YYYY)	Phone Number	Email Address

Residential/Registered to Vote County*	Montana Residential Address*	City*	Zip Code*
Silver Bow			

Mailing Address (If different than residential*)	City and State	Zip Code

If the mailing address listed above is for part of the year only complete the information below (for absentee ballot list only). Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary on the back of this).

Seasonal Mailing Address	City and State	Zip Code	Period (mm/dd/yyyy – mm/dd/yyyy)

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

☐ **YES**, I request an absentee ballot be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. Postal Service, I must complete, sign, and return a confirmation notice mailed to by the election office;

OR

☐ I request an absentee ballot for the upcoming election (check only one):

☐ Primary ☐ General ☐ School ☐ Other _____ Election to be held on _____

OR

☐ I request removal of my name from the Annual Absentee List.

By signing below, I understand that I am officially requesting an absentee ballot (or removing my name from the annual list) and affirm that I will have met the 30-day Montana residency requirement before voting my absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)

_____ _____

Signature of Elector* **Date Signed***

Optional – Designate another person to pick up your absentee ballot

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

Receipt of absentee ballot by designee: I received the absentee ballot for the applicant on _____.

_____ _____ _____

Signature of Designee Signature of Elector Date Signed

Optional – Affidavit of elector (due to illness or health emergency)

I hereby declare that I am prevented from voting at the polls due to illness or health emergency occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on election day.

_____ _____

Signature of Elector Date Signed