



Application for Absentee Ballot

Including Request for Absentee Ballot
due to Illness or Health Emergency

ONLY FOR FILING OFFICE

Precinct No. _____

Ballot No. _____

By _____

Issuing Official or Special Absentee Board

Ballot voted in office

Ballot picked up by voter

Ballot mailed to voter

Ballot picked up by third party

Ballot delivered by special absentee board (members sign above)

SUBMIT COMPLETED FORM NO SOONER THAN 75 DAYS BEFORE THE ELECTION AND NO LATER THAN NOON THE DAY BEFORE THE ELECTION.

Elector Name _____ Birthdate _____

County where registered _____ Phone: _____

Residence address in said County _____
Street/Other _____ City _____ Zip _____

I hereby request an absentee ballot for the:

Primary General Municipal Other _____ election to be held on _____, 2____
Month/Day Year

Address where ballot will be mailed: _____
Street/PO Box/Other _____ City _____ Zip _____

By signing below, I understand that I am officially requesting an absentee ballot. (Also sign affidavit at bottom of page if requesting due to illness or health emergency.)

Signature of Elector

Date Signed

Optional - Voter Information Pamphlet Request (an electronic version of this pamphlet can be found at sos.mt.gov)

Please send current Voter Information Pamphlet, if applicable to this election

Optional - Annual Absentee List – By checking one of the boxes below, I understand that I will be mailed an absentee ballot for applicable elections that I am qualified to vote in, as long as I reside at the address listed above, and as long as I complete and return a confirmation notice mailed to me by the county election office each year in January.

I UNDERSTAND I MUST COMPLETE AND RETURN AN ANNUAL ADDRESS CONFIRMATION NOTICE TO REMAIN ON THE ABSENTEE LIST.

All elections

All federal elections only

Optional - Designation of another person to pick up absentee ballot

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

Optional - Receipt of absentee ballot by designee

On this _____ day of _____, 20____, I received the absentee ballot for the applicant named above.

Signature of designee

Date

WHERE TO RETURN VOTED BALLOT

Return voted absentee ballots to your county election office no later than close of polls on election day, or to your polling place on election day.

County election office address:

_P.O. Box 199 _____

Circle, MT 59215 _____

Ballots mailed to the county election office must be received no later than 8:00 p.m. on election day.

AFFIDAVIT OF ELECTOR (DUE TO ILLNESS OR HEALTH EMERGENCY)

Optional: 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 noon on election day.

Signature of Elector and Date Signed