Application for Absentee Ballot

Including Request for Absentee Ballot
due to Illness or Health Emergency

FOR FILING OFFICE ONLY

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 FLATHEAD Phone:_____

Residence address in FLATHEAD 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:
_____
_____
_____
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