# Application for Absentee Ballot
# Flathead County 2012

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 _____ Phone No. _____

Flathead County Residence address _____ _____ _____ _____
Street Name Residence City Residence State Zip Code

I hereby request an absentee ballot for the:

☐ Primary – June 5, 2012 ☐ General - November 6, 2012 ☐ Other _____ election held on _____

***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

Address where ballot will be mailed: _____ _____ _____ _____
Mailing Address Mailing City Mailing State Zip Code

*Optional* **- Designation of another person to pick up absentee ballot**

I, hereby designate _____ to pick up my absentee ballot.

***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 – available for some primary elections and all General Elections)*

**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:**
**Flathead County Election Department**
**800 S Main – Room 115**
**Kalispell, MT 59901**

****for a list of polling places, visit our website http://flathead.mt.gov/election**

**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**