



Application for Absentee Ballot

Including Absentee List Request, Election Specific Absentee Ballot Request, and Request for Absentee Ballot due to Illness or Health Emergency or to be removed from receiving an Absentee Ballot

Fields marked with an asterisk (*) are required fields.

Precinct No. _____ Voter ID _____

Ravalli County Election Office
215 S 4th Street, Suite C
Hamilton, MT 59840
(406) 375-6550

COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE NO LATER THAN NOON THE DAY BEFORE THE ELECTION

*Elector Name _____ *Date of Birth: _____

County where registered RAVALLI Contact Phone: _____

*Montana residence address _____
Street/Other _____ City _____ Zip _____

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

NOTE: If you are a snow bird, college student, or will be out of the area, specify timeframe of when/where you will be and the mailing addresses:

From: _____ To: _____ Mailing Address: _____

From: _____ To: _____ Mailing Address: _____

If applicable, check one of the following: (Note: Ballots can be emailed to military or civilian overseas only)

Military Domestic (or military spouse/dependent) – only if on active duty and will be absent from place of registration

Military Overseas (or overseas military spouse/dependent)

U.S. Citizen Overseas Provide email address if you want ballot emailed to you: _____

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

I request an absentee ballot to 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 me by the county election office; **OR**

I hereby request an absentee ballot for the upcoming election (check only one):
 Primary General Municipal Other _____ election to be held on _____

By signing below, I understand that I am officially requesting an absentee ballot, 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 – 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 – Designate another person to pick up your absentee ballot

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

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

Signature of designee

Date

Optional – Revert to Non-Absentee Voter (This would revert you to only voting at your local polling place.)

Please check this box to affirm that you DO NOT want to receive an absentee ballot and instead want to vote at your local polling place on election day.

Optional: 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

Date Signed