



# Application for Absentee Ballot

Including Absentee List Request, Election Specific Absentee Ballot Request, and Request for Absentee Ballot due to Illness or Health Emergency

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

Precinct No. \_\_\_\_\_ Voter ID \_\_\_\_\_

Ravalli County Election Office  
215 S 4<sup>th</sup> 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. I understand that in order to continue to receive an absentee ballot, 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](http://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: 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 designee

\_\_\_\_\_  
Date