

For county use only

PCT	School	House	Senate	SC	City	Reg. #
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## MONTANA ANNUAL ABSENTEE LIST APPLICATION

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

Please print clearly and use black or blue pen. **COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.**

### APPLICANT IDENTIFYING INFORMATION

1 Last Name*	First Name*	Middle	Suffix (Jr., Sr., III)
2 Date of Birth*	Contact Phone	Email Address	
month / day / year			

### ADDRESS INFORMATION

3 County where you reside and are registered to vote*			
4 Montana Residence Address*	City*	County*	Zip Code*
5 Mailing Address (required if differs from residence address)	City	State	Zip Code*
6 <input type="checkbox"/> Check if the mailing address listed above is for part of the year and if so, complete the information below (if applicable). Clearly print the complete mailing address(es) and specify the applicable time periods for each address.			
6a Mailing Address 1	City	State	Zip Code
Time period at Mailing Address 1 (mm/dd/yyyy)			
Beginning:		Ending:	
6b Mailing Address 2	City	State	Zip Code
Time period at Mailing Address 2 (mm/dd/yyyy)			
Beginning:		Ending:	
6c Mailing Address 3	City	State	Zip Code
Time period at Mailing Address 3 (mm/dd/yyyy)			
Beginning:		Ending:	

7 If applicable, check one of the following:

- Military Domestic (or military spouse or dependent) - only if on active duty and will be absent from place of registration  
 Military Overseas (or overseas military spouse or dependent)  U.S. Citizen Overseas

### CHECK ONE OF THE OPTIONS BELOW TO BE PLACED ON THE ANNUAL ABSENTEE LIST

- Yes, I request an absentee ballot to be mailed to me for **ALL elections** in which I am eligible to vote this year as long as I reside at the address listed on this application, and for subsequent years. 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 each year.
- Yes, I request an absentee ballot to be mailed to me for **ONLY each federal election** in which I am eligible to vote this year as long as I reside at the address listed on this application, and for subsequent years. 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 each year.

### APPLICANT AFFIRMATION

By signing below, I understand that I am officially requesting to be placed on the annual absentee list. I further understand I must complete and return an annual confirmation notice mailed to me by the county election office each year.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_