



**Absentee List
Email Address
Confirmation-
Individual with
A Disability**

FOR FILING OFFICE ONLY	Filed this _____ day of _____, 20____
	Document # _____
	By: _____ Deputy or Filing Officer



As required by state law, completed form must be submitted to election office or you may respond electronically if you wish to remain on the absentee list.

NOTICE TO VOTER ON ABSENTEE LIST: To remain on the absentee email list, you must confirm your email address.

Check if the following email address is the correct email address for ballots to be emailed to you for elections held between **February 1, 2016 and January 31, 2018**, then sign below and return this form.

[INSERT VOTER LABEL HERE]

Even if your address is correct you MUST complete and submit this form OR email the information to the election office to have absentee ballots automatically emailed to you for upcoming elections.

Check If the above mailing address is **NOT** correct, or if it is correct for only part of the year (clarify specific time period for each address if you will have more than one mailing address during the year). Please clearly print the complete correct email address(es) below, along with any additional instructions if necessary, then sign below and return this form.

Email Address:

Dates for temporary email address change:

From date:

To date:

If you have moved and have not updated your *physical residential address* for voter registration purposes with the election office, please update that address in the space provided below, then sign below and return this form.

*Please update my **physical residential address** for voter registration purposes as follows (in same county only)*

Residential Address:

Street City, State and Zip

By signing below, I affirm that I have confirmed my email and/or residential address for ballots to be emailed to me for elections for which I am qualified from February 1, 2016 through January 31, 2018; and I affirm that I am eligible to receive and vote an electronic ballot during this period because I am an individual with a disability in accordance with [13-3-202 Montana Code Annotated](#).

*Signature of Elector

Driver's License # OR Last 4 SSN

Date Signed

Date of Birth

*if elector is unable to sign, may use fingerprint, mark or Agent

Phone # in case the office needs to contact you:

You are REQUIRED to return this form or email your information in order to automatically be emailed absentee ballots for upcoming elections.

Return this form via mail, in person, or email, or by emailing your name, date of birth, Montana driver's license or ID number (or last four digits of your social security number) and your current mailing address to the county election office.

County Election Office

Mailing address:

Physical address if different:

Email address:

Timely response will ensure that a ballot is emailed to you for upcoming elections for which you are eligible.

Updated February 7, 2017