



Individual with a Disability Application for Electronic 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.***

Please type or use black or blue pen only and print clearly.

COMPLETE FORM AND SUBMIT TO [COUNTY ELECTION OFFICE](#): SEE LIST OF COUNTY ELECTION OFFICE ADDRESSES AND CONTACT INFO AT [HTTP://SOS.MT.GOV/ELECTIONS/FORMS/ELECTIONS/ELECTIONADMINISTRATORS.PDF](http://sos.mt.gov/elections/forms/elections/electionadministrators.pdf), BY NOON THE DAY BEFORE ELECTION DAY

APPLICANT IDENTIFYING AND CONTACT INFORMATION

Last Name*

First Name*

Middle Name

Birthdate* (MM/DD/YYYY)

Phone Number

Email Address

County where you reside and are registered to vote*

Montana Residence Address*

City*

Zip Code*

Mailing Address (*required if differs from residence address**)

City and State

Zip Code

Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only). Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary).

Seasonal Mailing Address

City and State

Zip Code

Period (mm/dd/yyyy-mm/dd/yyyy)

BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

I request an absentee ballot to be emailed to me for **ALL elections** in which I am eligible to vote as long as I remain qualified to receive an electronic ballot as an individual with a disability. I understand that in order to continue to receive an electronic 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 am eligible to receive and vote an electronic ballot because I am an individual with a temporary or permanent physical impairment such as impaired vision, impaired hearing or impaired mobility in accordance with [13-3-202, Montana Code Annotated](#), and 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**

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

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. Audio and large-print versions of the Voter Information Pamphlet are available online at:

<http://www.sos.mt.gov/elections/Disabilities>, and a Braille version is available upon request.

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 8 p.m. on election day.

Updated July 25, 2016