



Individual with a Disability Application for Absentee Ballot

Please type or use black or blue pen only and print clearly. Application due by noon the day before Election Day. Fields marked with an asterisk (*) are required fields.

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

Absentee List: I request an absentee ballot to be mailed 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 be by the county election office;

OR
 Election Specific: 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 disability 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 occurring between 5:00 p.m. on the Friday preceding the election and 8 p.m. on election day.

*Signature of Elector - If elector is unable to sign, may use fingerprint, mark or designated agent. _____
*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 Signed

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.

Signature of Elector _____
Date Signed

Submit completed form to:
Lewis & Clark County Elections
316 N Park Ave, Rm 168
Helena, MT 59623
Email: elections@lccountymt.gov
Fax: 406-457-8598