Montana Secretary of State - **Application for Absentee List - Seasonal**

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**

APPLICANT IDENTIFYING INFORMATION

LAST NAME*

FIRST NAME*

MIDDLE NAME

BIRTHDATE* (MM/DD/YYYY)

APPLICANT ADDRESS AND CONTACT INFORMATION

County where you reside and are registered to vote*

Montana Residence Address*

City*

Zip Code*

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

City

State

Zip Code

☐ Check if the mailing address listed above is for part of the year only and if so, complete the information below.

Clearly print the complete mailing address(es) and specify the applicable time periods for each address.

Mailing Address 1 | City | State | Zip Code | Period(mm/dd/yyyy-mm/dd/yyyy)

Mailing Address 2 | City | State | Zip Code | Period (mm/dd/yyyy –mm/dd/yyyy)

Mailing Address 3 | City | State | Zip Code | Period (mm/dd/yyyy-mm/dd/yyyy))

Contact Phone Number

Email Address

CHECK BELOW TO BE PLACED ON THE ABSENTEE LIST

☐ **Yes,** I request an absentee ballot to be mailed to me for **ALL elections** in which I am eligible to vote as long as I reside at the address listed on this application. 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.

APPLICANT SIGNATURE

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

Signature*_____ Date*_____