

FOR OFFICE USE ONLY

Precinct No. _____

Ballot No. _____

APPLICATION FOR A SHERIDAN COUNTY ABSENTEE BALLOT

www.co.sheridan.mt.us

100 W Laurel Avenue ■ Plentywood MT 59254-1699 ■ 406.765.3403 ■ 406.765.2609 fax ■ record_supt@co.sheridan.mt.us

Note: The minimum acceptable prescribed form for an application for an absentee ballot **must** include a written request for the absentee ballot, the elector's current residence address, and the elector's birth date and signature. Additional recommended statements include the election for which the elector is requesting an absentee ballot and the address to which the elector wants the ballot mailed. Electors are **strongly encouraged** to make use of this form.

During a period beginning 75 days before election day and ending at noon on the day before the election, an elector may submit this application for an absentee ballot to the county election administrator. Voters must apply for each election separately.

The elector may request this application by mail, phone, fax, e-mail or in person, and may mail the application directly to the election administrator or deliver it in person to the election administrator. **Only the person requesting an absentee ballot, an immediate family member, or a guardian may forward this application to the election administrator.**

I, _____ (print your name legibly), the undersigned, with a birth date of _____, being a duly qualified elector of Sheridan County, whose Sheridan County residence address is _____, do hereby make application for an official absentee ballot for the upcoming _____ (example: primary, general, other) election to be held in said county.

VOTER INFORMATION PAMPHLET REQUEST (also available at <http://sos.state.mt.us> when a statewide issue is on ballot)

I would like a Voter Information Pamphlet to be sent to me along with my absentee ballot.

TO DESIGNATE SOMEONE TO PICK UP YOUR BALLOT FOR YOU

If you do not want your absentee ballot mailed directly to you, but want someone to pick it up for you, please check the box and complete this section.

I am designating _____ (name of individual) to pick up my absentee ballot and deliver it to me.

PERMANENT ABSENTEE LIST:

Optional: I request an absentee ballot to be mailed to me, for as long as I reside at the address listed below:

For each subsequent election in which I am eligible to vote;

Or

Only for each subsequent federal election in which I am eligible to vote.

I understand that in order to remain on the permanent absentee list, I must complete, sign and return a confirmation form that will be mailed to me in January and July of each year.

I authorize my official absentee ballot to be mailed to me at this address (please print):

By signing below I understand that I am requesting an official absentee ballot

Signature of elector

Date signed

BALLOT RECEIPT

On _____, I received the absentee ballot of _____
(date) (name of person requesting absentee ballot)

(printed name of person picking up the ballot)

(signature of person pickup up the ballot)