



Application for Absentee Ballot for Flathead County

Including Request for Absentee Ballot
due to Illness or Health Emergency

Please Return
form to:

For School Elections, please return this form to the appropriate school.

For all other elections, return to:
Flathead County Election Dept
800 S Main St
Kalispell, MT 59901

Fax to: (406) 758-5877

SECTION 1 - SUBMIT COMPLETED FORM NO SOONER THAN 75 DAYS BEFORE THE ELECTION AND NO LATER THAN NOON THE DAY BEFORE THE ELECTION.

Elector Name

Birthdate

County where registered

Phone:

Residence address in Flathead County

Street

City

Zip

I hereby request an absentee ballot for the: (check one or all three if you want a ballot for all elections -if all three see section 3 below)

Primary General Municipal Other

election to be held on

, 20

Month/Day

Year

If applying for a ballot to be sent to you, address where ballot will be mailed

Street/PO Box/Other

City, State

Zip

Country (if outside USA)

By signing below, I understand that I am officially requesting an absentee ballot. **Also sign affidavit at bottom of page if requesting due to illness or health emergency.**

Signature of Elector

Date Signed

Section 2 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**

Section 3 Optional –Annual Absentee List – By checking one of the boxes below, I understand that I will be mailed an absentee ballot for applicable elections that I am qualified to vote in, as long as I reside at the address listed above, and as long as I complete and return a confirmation notice mailed to me by the county election office each year in January.

I UNDERSTAND I MUST COMPLETE AND RETURN AN ANNUAL ADDRESS CONFIRMATION NOTICE TO REMAIN ON THE ABSENTEE LIST.

All elections (includes schools and special district elections)

All federal elections only (ONLY Federal Primary election ballots and Federal General Election Ballots)

Section 4 Optional –Designation of another person to pick up absentee ballot

I, the elector who signed above, hereby designate

to pick up my absentee ballot.

Section 5 Optional –Receipt of absentee ballot by designee

On this _____ day of _____, 20____, I received the absentee ballot for the above named applicant.

Signature of designee

Date

WHERE TO RETURN VOTED BALLOT

Return voted absentee ballots to your county election office no later than close of polls on election day, or to your polling place on election day.

County election office mailing address:
Flathead County Election Department
800 S Main
Kalispell, MT 59901

Ballots mailed to the county election office must be received no later than 8:00 p.m. on election day.

**** 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 noon on election day.

Signature of Elector and Date Signed