Application for Absentee Ballot

Including Request for Absentee Ballot
Due to Illness or Health Emergency

FOR FILING OFFICE ONLY

Precinct No._____
Ballot No._____
By _____
Issuing Official or Special Absentee Board

☐ Ballot voted in office ☐ Ballot picked up by voter
☐ Ballot mailed to voter ☐ Ballot picked up by third party
☐ Ballot delivered by special absentee board (members sign above)

SUBMIT COMPLETED FORM TO THE COUNTY ELECTION OFFICE NO LATER THAN NOON THE DAY BEFORE ELECTION DAY.

Elector Name _____ Date of Birth _____

County where registered _____ Phone _____

I hereby request an absentee ballot for the:

☐ Primary ☐ General ☐ Municipal ■ Other School election to be held on May 2, 2017
Election Date

Address where ballot will be mailed _____ _____ _____ _____
Street/PO Box/Other City State Zip

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**

☐

☐ *Optional* - **Absentee List** – By checking the box, 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.
I UNDERSTAND I MUST COMPLETE AND RETURN AN ADDRESS CONFIRMATION NOTICE TO REMAIN ON THE ABSENTEE LIST.

Optional - **Designation of another person to pick up absentee ballot**

I, the elector who signed above, hereby designate _____ to pick up my absentee ballot.

Optional - **Receipt of absentee ballot by designee**

I received the absentee ballot for the applicant named above on _____
Date Ballot Received

_____ _____
Signature of Designee **Date Signed**

WHERE TO RETURN VOTED BALLOT

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

School election office address:

Central School/Administration Office
200 3rd Ave. SE
Sidney, MT 59270

Ballots mailed to the school 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 8 p.m. on election day.

_____ _____
Signature of Elector **Date Signed**

POLLING PLACE:SIDNEY HIGH SCHOOL GYM 1012 4TH AVE.SE (12:00 NOON TO 8:00 PM)