



Absentee or Mail Ballot Replacement Ballot Request

This request is for replacement mail or absentee ballots. Inactive electors who are reactivating do not need to fill out this form.

FILED WITH ELECTION ADMINISTRATOR

Name: _____

Date of Birth* (Optional): _____

Address* (Optional): _____

I do hereby request a replacement ballot for the election to be held November 4th, 2014, in Yellowstone County, Montana, for the following reason (check one):

- I did not receive the ballot mailed to me.
- My ballot contains a printing error.
- The ballot mailed to me has been:
 - spoiled damaged
 - lost destroyed

STATEMENT OF ELECTOR

I hereby swear (or affirm), under penalty of law, that the above information is true and correct, and that I understand attempting to vote more than once in any election is a violation of Montana election law.

Signature of Elector

Date

Return by Mail:
PO Box 35002
Billings, MT 59107

Return in Person:
217 N 27th St, Room 101
Billings, MT 59101

Office Phone:
406 256-2740

Office Fax:
406 254-7940

Optional - Designation of another person to pick up absentee ballot

I, the elector who signed above, hereby designate _____ to pick up my replacement absentee ballot. I understand that my original issued absentee ballot will be voided before a replacement absentee ballot may be issued.

Optional - Receipt of absentee ballot by designee

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

Signature of designee

Date

*Providing this information helps to identify the proper voter and ensure a timely ballot replacement