

Absentee or Mail Ballot Replacement Ballot Request

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

| FILED WITH ELECTION ADMINISTRATOR | |
|--|---|
| Name: | Date of Birth: |
| Mailing Address: | |
| | election to be held, 20, in Montana, for the following reason (check one): |
| () I did not receive the ballot mailed to me | <u>.</u> |
| () My ballot contains a printing error. | |
| () The ballot mailed to me has been: () spoiled () damaged () lost () destroyed | |
| STATEMENT OF ELECTOR | |
| I hereby affirm, under penalty of law, that the ab than once in any election is a violation of Montar | ove information is true and correct, and that I understand attempting to vote more na election law. |
| Signature of Elector | Date |
| Ontional Desirantian of mathematical and | |
| Optional - Designation of another person to pick up ballot | |
| | to pick up my replacement by will be voided before a replacement ballot may be issued. |
| Optional - Receipt of replacement ballot by designee | |
| On thisday of, 20, I received the replacement ballot for the applicant named above. | |
| Signature of designee | Date |