



Change of Address

If you need to update your residence and/or mailing address, please complete the entire form, sign, date, and return to us.

tmeagher@sanderscounty.gov | khill@sanderscounty.gov

Fax: 406-827-6970

Mail: Elections PO Box 519, Thompson Falls, MT 59873

NAME (Please Print: Last, First, Middle)	PRINT FORMER NAME (IF CHANGED)
DATE OF BIRTH	MONTANA DRIVER'S LICENSE #
OLD RESIDENCE ADDRESS	MAILING ADDRESS 2: If living at a different address part of the year:
OLD MAILING ADDRESS (if different than where you live)	Time Period at Mailing Address 2: Beginning: _____ Ending: _____
NEW RESIDENCE ADDRESS	PHONE NUMBER
NEW MAILING ADDRESS	EMAIL

☐ YES, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at this address. I understand that if I file a change of address with USPS, I must complete, sign and return a confirmation notice mailed to be by the County Election office

SIGNATURE

DATE