

Absentee or Mail Ballot Replacement Ballot Request

This request is for a replacement absentee ballot or replacement mail ballot if the voter has not yet returned the marked ballot to the county election office. Inactive electors who are reactivating do not need to fill out this form. A request for a replacement ballot submitted to the election administrator must be made on this form and must be submitted in person, by regular or electronic mail, or by facsimile no later than 8 p.m. on election day.

FILED WITH ELECTION ADMINISTRATOR		
Name:		Date of Birth:
Mailing Address:		
I do hereby request a replacement	ballot for the election to be held June	5, 2018, in
Sanders County, Montana, for the	following reason (check one):	
() I did not receive the ballot	mailed to me.	
() The ballot mailed to me ha() spoiled (includes mism() damaged() lost() destroyed		
() My ballot contains a print	error or print omission.	
() Other (specify):		
STATEMENT OF ELECTOR		
	w, that the above information is true a n is a violation of Montana election law	nd correct, and that I understand attempting to '.
Signature of Elector		
Optional - Designate another pe	rson to pick up your ballot	
I, the elector who signed below, he replacement ballot.	ereby designate	to pick up my
Receipt of replacement ballot by o	designee: I received the absentee ballo	
		Date ballot received
Signature of Designee	Signature of Elector	Date Signed

Return to: Fax: 406-827-6970

Email: rchristenson@co.sanders.mt.us

Mail to: Election Office PO Box 519

Thompson Falls, MT 59873