



Change of Address

Please complete, sign and return to: Election Office
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

Check this box if you wish to permanently remain on the Absentee List.

Check this box only if you wish to cancel your Sanders County Voter Registration.

SIGNATURE

DATE