



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 via scan/email, fax or mail.
 rchristenson@co.sanders.mt.us tmeagher@co.sanders.mt.us
 fax: 406-827-6970
 mail to: Elections PO Box 519, Thompson Falls, MT 59873

If canceling your voter registration please complete the highlighted areas and return the form to the address provided.

Any questions call 406-827-6949 or 406-827-6929

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|---|---|
| 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 only if you wish to cancel your Sanders County Voter Registration.

SIGNATURE _____

DATE _____