



## Request for Removal from Absentee List

FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY ELECTION OFFICE

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I do hereby request that I be taken off the Absentee List. I understand that for any polling place elections, I must appear at my designated polling location during its hours of operation in order to cast my ballot.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note that many of our local elections are conducted entirely by mail with no polling places. You will continue to receive ballots in the mail for those elections.*

Return to:  
Election Office  
PO Box 519  
Thompson Falls, MT 59873