



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@co.sanders.mt.us or cward@co.sanders.mt.us

Fax: 406-827-6970

Mail: 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. If you have any questions, call 406-827-3038.

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