



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 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 47

Forsyth, MT 59327