



# REQUEST FOR REMOVAL FROM ABSENTEE LIST

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Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

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.

I understand that many of our local elections are conducted entirely by mail with no polling places and I will continue to receive ballots in the mail for those elections.

\_\_\_\_\_  
Signature

Please print, sign and return to:  
Beaverhead County Election Office  
2 S. Pacific Street, Suite 3  
Dillon, MT 59725

\* for any questions please call 406-683-3720