

## **Replacement Ballot Request**

This form is used by an absentee, late registration, or mail ballot election voter to request a replacement ballot due to the first ballot being spoiled, damaged, destroyed, or not received. This request may only be used if the voter has not yet returned the voted ballot to the county election office. A request for a replacement ballot submitted to the election administrator must be made on this form and must be submitted in person, by regular or electronic mail, or by facsimile **no later than 8 p.m. on election day**.

TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR	
Name:	Date of Birth:
I do hereby request a replacement ballot for the election h	eld, 20, in
	County, Montana.
Reason for replacement ballot request (select one):	
$\ \square$ I did not receive the ballot issued to me.	
$\ \square$ I made a mistake on my ballot or it was lost, damaged, spoiled, or destroyed.	
☐ My ballot contains a print error or print omissi	on.
Other (specify):	
Replacement Ballot Request Options (select one):	
$\square$ I, the elector, request a replacement ballot in person.	
$\ \square$ I, the elector, request a replacement ballot be	provided to the person designated below.
$\square$ I, the elector, request a replacement ballot be	mailed to me at the following address:
,	
STATEMENT OF ELECTOR	
I hereby affirm, under penalty of law, that the above inform	nation is true and correct, and that I understand attempting
to vote more than once in any election is a violation of Mor	ntana election law.
Signature of Elector	 Date
OPTIONAL - DESIGNATE ANOTH	ER PERSON TO PICK UP YOUR BALLOT
I, the elector who signed below, hereby designate	to pick up
my replacement ballot.	
Receipt of replacement ballot by designee: I received the	absentee ballot for the applicant on (Date ballot received)
	(Date ballot received)
Signature of Elector (signed in advance)	Signature of Designee (signed when ballot is received)