



Request by United States Elector to Vote by Facsimile or Email

TO BE FILED WITH THE COUNTY ELECTION ADMINISTRATOR

Note to United States Elector: If you agree to the following statement, please complete the form and return it by:

- facsimile; or
 email

to _____
(county fax number)

(county email address)

I, _____ hereby declare that I reside at _____, in the town of _____, County of _____, State of Montana, and am entitled to vote in the election.

I understand that by choosing the option to submit my voted ballot by facsimile or email, my ballot will not be secret in that it will be received by the election administrator and my marked ballot will be transcribed to an original ballot by a panel of no less than two election judges.

Signature or Printed or Typed Name of Elector

Montana Driver's License Number or
Last Four Digits of Social Security Number

Date