ADDRESS CONFIRMATION FOR PERMANENT ABSENTEE ELECTOR

Our records indicate that you requested to be placed on the Permanent Absentee Elector list for each election in which you are eligible to vote. The next election is the (regular/special) school election to be held on _____, 20___.

Before each election marked above, you will receive a confirmation form. In order to automatically receive a ballot for the upcoming election, you <u>must</u> complete and return this address confirmation form. (*If you do not return this completed form, your name will be removed from the Permanent Absentee Elector List. This will not prohibit you from requesting to have your name again placed on the list in the future.)*

Our records show that the following is the address you listed on your application for the Permanent Absentee Elector List as the address for absentee ballots to be mailed to you:

Name
Mailing Address
Mailing City, State Zip

If the above mailing address is <u>correct,</u> please check here ☐ .

If the mailing address is not correct, please clearly write the correct address here:
_____
_____

If you wish to receive an absentee ballot for the upcoming election, please check here ☐ . (An absentee ballot will be mailed to you and you will remain on the Permanent Absentee Elector List. In certain cases as provided by law, the school election may be cancelled. If this is the case, you will not receive a ballot. If you have any questions, please contact the elections office at (406) XXX-XXXX.)
<u>OR</u>
If you do NOT wish to receive a ballot for the upcoming election but wish to remain on the Permanent Absentee Elector List for future elections, please check here ☐ . (You will not receive an absentee ballot for this election but will remain on the permanent absentee elector list for future elections.)

If you wish to provide additional information, please check the box below and specify the information:

☐ *(Please Specify)*:

_____

_____

Sign and date this form and mail it to:

Clerk
___ School District No. __
Mailing Address
Mailing City, State Zip

_____ _____
Signature of Elector **Date**

13-13-212, MCA