

**REQUEST BY MEMBER OF THE MILITARY FOR CANCELLATION OF AUTOMATIC ABSENTEE BALLOT MAILINGS TO OUTDATED MAILING ADDRESS**

*This form is only for members of the military who listed an out-of county mailing address with the county elections office due to being stationed outside their county of residence, but who have since returned to their county of residence and need to ensure that ballots are not mailed to their out-of-county mailing address.*

I, \_\_\_\_\_, filled out a request for an absentee ballot, on which I  
**Print Name**  
identified myself as a member of the military. The Montana county in which I requested an  
absentee ballot is \_\_\_\_\_.

By law, the Absentee Request required the County Election Administrator to automatically mail a ballot to me for all elections in the calendar year in which I requested ballots and for the next two (2) Federal General elections. At the time of my request I was in the military and being stationed away from my residence county, so the mailing address I listed on the form was outside the county.

As of \_\_\_\_/\_\_\_\_/\_\_\_\_ I am no longer stationed away from my residence county.  
date

**I am signing and returning this because I DO NOT want a ballot automatically mailed to me for upcoming elections at the address at which I was stationed.**

**After sending in this completed form, I understand that I may choose to vote in person at my polling place or vote by completing a new absentee ballot request with a current mailing address. I also understand that my mailing address on file with the elections office will be my residence address, unless I update my mailing address with the elections office.**

**I understand that by signing this form I will not automatically have an absentee ballot mailed to me at the address stated on my absentee request. I further understand that should I choose to absentee vote I will need to complete a new absentee request with a **CURRENT MAILING ADDRESS** in order to receive an absentee ballot. The new request will need to be sent to the **Election Administrator in the county in which I am registered to vote.****

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*After you have completed this form, send it to your county election administrator or to the Office of the Secretary of State, PO Box 202801, Helena, MT 59620-2801. If you have any questions, call (406) 444-5346 or 1-888-884-8683.*