



CARBON COUNTY ELECTIONS

OFFICE OF THE ELECTION ADMINISTRATOR

Removal from the Absentee List

Date: _____

Printed Name: _____

Address: _____

City: _____ State _____ Zip _____

Date of Birth: _____ Last Four SS # _____

I understand by signing this form, I am removing myself from the absentee list and will no longer receive my Federal ballots in the mail. I also understand that it is my right to request an absentee ballot at any time, regardless of this form.

Signature

Date

17 W 11th St.
PO BOX 887
RED LODGE, MT 59068
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FAX: 406-446-2640
elections@co.carbon.mt.us