



Uniformed and Overseas Citizen Absentee Voter Act (UOCAVA) Voter Request for Removal of UOCAVA Status and Type

This form is optional and is only to be used by voters covered under Uniformed and Overseas Citizen Absentee Voter Act (UOCAVA) who are no longer absent from their residence county and are therefore no longer covered under the provisions of UOCAVA, or who wish to be removed from the UOCAVA list for another reason(s).

REQUEST TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR

I, _____, with a birth date of ___/___/_____, completed and submitted an application form for [print name] a previous election cycle, on which I identified myself as a voter covered under the **Uniformed and Overseas Citizen Absentee Voter Act (UOCAVA)**. Federal and State law required the County Election Administrator to provide me with certain options due to my UOCAVA status. However:

As of ___/___/_____, I am no longer absent from my residence county, and am therefore no longer covered under UOCAVA;

OR

I request to be removed from the list of UOCAVA voters for the following reason(s) (*specify*):

I therefore am signing and returning this form to request REMOVAL of my name from the list of voters covered under UOCAVA. I understand that this request will only remove my name from the list of UOCAVA voters and that I will remain registered to vote unless and until I request cancellation of my voter registration.

MAILING ADDRESS UPDATE

My current mailing address is: _____.

Check if the mailing address listed above is for part of the year only and if so, complete the information below (for absentee ballot list only). Clearly print the complete mailing address(es) and specify the applicable time periods for address (add more addresses as necessary).

Seasonal Mailing Address

City and State

Zip Code

Period (mm/dd/yyyy-mm/dd/yyyy)

OPTIONAL: BALLOT REQUEST OPTIONS AND VOTER AFFIRMATION

Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. postal service, I must complete, sign, and return a confirmation notice mailed to me by the county election office;

OR

I hereby request an absentee ballot for the upcoming election (check only one):

Primary General Municipal Other _____ election to be held on _____

If I have checked an option above, by signing below I understand that I am officially requesting an absentee ballot, and affirm that I will have met the 30-day Montana residency requirement before voting my absentee ballot.

Signature

Date

Send this form to:
[County Election Administrator's Office](#)