

**RAVALLI COUNTY  
REQUEST FOR REMOVAL FROM VOTER ROLLS**

(PLEASE PRINT)

Voter Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I no longer wish to vote in Ravalli County. Please remove my name from the voter rolls.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The form can be returned by mail, fax or email. Be sure to sign the form before returning it.

Ravalli County Election Office  
215 S 4th Street, Suite C  
Hamilton, MT 59840  
Fax: (406) 375-6554  
Email: [elections@rc.mt.gov](mailto:elections@rc.mt.gov)

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FOR OFFICE USE ONLY:

Voter ID #: \_\_\_\_\_

PCT: \_\_\_\_\_