

**RAVALLI COUNTY
REQUEST FOR REMOVAL FROM ABSENTEE LIST**

I no longer wish to vote by absentee ballot. Please remove my name from the absentee list.

(PLEASE PRINT)

Voter Name: _____

Date of Birth: _____

Physical Address: _____

I understand this is only for Federal elections. I will still receive mail ballots for local district and school elections.

Signature

Date

FOR OFFICE USE ONLY:

Voter ID #: _____

PCT: _____