



# Application for Designation of Agent by an Individual with a Disability

An elector who is unable to provide a signature may apply to the election administrator to have another person designated as an agent for purposes of providing a signature or identifying mark required and for delivering the disabled elector's absentee ballot application to the county election administrator.

FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY ELECTION OFFICE

Whenever my signature is required, I \_\_\_\_\_, an individual with a disability, hereby  
(please print name of elector)

designate \_\_\_\_\_ to act as my agent for the purpose of signing election documents.  
(please print name of agent)

\_\_\_\_\_  
Elector's Signature or Identifying Mark (if possible)

\_\_\_\_\_  
Date

## SIGNATURES OF WITNESSES

- This designation is not valid unless witnessed by two disinterested persons.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Witness

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

- A voter may revoke this agency at any time by providing written notice to the election administrator.
- An agent must not be the elector's employer, an agent of the individual's employer, or an officer or agent of the voter's union.
- An election official must ask if the person being designated an agent is the voter's employer or employer's agent or officer or agent of the voter's union. If the proposed agent is one of those individuals, the voter must choose another person to be the voter's agent.
- An agent can be chosen only by the individual with a disability.
- If an agent, election administrator, or election judge signs or marks a document for an elector, the agent, election administrator, or election judge shall initial the signature or mark.

## SIGNATURE OF DESIGNATED AGENT

I, the agent for the above-named elector, shall retain a copy of this application and shall deliver this original application to the local election administrator upon completion.

I understand that I must perform my duty as an agent for the benefit of the elector and that the elector has a right to be free of interference and coercion throughout the election process.

I understand that if I act in a manner that in any way interferes with the elector's ability to complete or cast the ballot, or coerce the elector in any manner, I will be in violation of the provisions of Title 13, Chapter 35, Part 2 of the Montana Code Annotated and subject to fine or penalty.

\_\_\_\_\_  
Signature of Designated Agent

for \_\_\_\_\_  
Printed Name of Individual with a Disability

\_\_\_\_\_  
Date