

NOTICE OF PERMANENT DISABILITY
AND
REQUEST TO JOIN PERMANENTLY DISABLED ABSENTEE VOTING LIST

State of Missouri
County of _____

I, _____, declare that I am a resident and
(Print applicant's name)
registered voter of _____ County, Missouri and that I am permanently disabled.

I hereby request that my name be placed on the list of voters qualified to vote by absentee ballot pursuant to Section 115.284 RSMo (2000), due to my permanent disability status. Pursuant to Section 115.284 RSMo (2000), I further request that I be delivered an absentee ballot application for each election in which I am eligible to vote.

Address where I am registered to vote:

Address where ballot is to be mailed:

(Street Address)

(Street address or P.O. Box)

(City)

(City)

(State, Zip Code)

(State, Zip Code)

Telephone Number _____
(Include area code)

Signature

Date