

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 registered voter of
(Print applicant's name)

_____ 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)

(City)

(City)

(State, Zip Code)

(State, Zip Code)

Telephone Number _____
(Including Area Code)

Signature

Date