

STATE OF MISSOURI)
)
COUNTY OF WASHINGTON)

REQUEST TO BE PLACED ON THE LIST
OF PERMANENTLY DISABLED VOTERS

WASHINGTON COUNTY

I, _____, declare that I am a resident and registered voter of Washington County, Missouri, and am permanently disabled. I hereby request that my name be placed on the election authority's list of voters qualified to participate as an absentee voter pursuant to Section 115.284 RSMo., and that I be delivered an absentee ballot application for each election I am eligible to vote.

Signature of Voter

Last 4 Digits of Voter's Social Security #

Voter's Address

Voter's Telephone Number