REQUEST FOR MISSOURI MAIL-IN BALLOT ______, do hereby request a mail-in ballot for the following elections of the year (Print Name) (20xx) ☐ February (Bond Election) ☐ April (General Municipal Election) ☐ August (General Primary) ☐ November (General Election) ☐ Presidential Preference Primary (*if applicable*) For identification purposes, the last four digits of my social security number are _______. For identification purposes, my date of birth is If the election is a primary election, please print the name of the political party ballot you wish to receive: ____ If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address. All mail-in ballots must be notarized. **Residential Address:** (Street address) (City, State, Zip Code) Mailing Address (if different): (Street address) (City, State, Zip Code) Telephone number: ____ (Include area code) I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief. Signature of Registered Voter Date Applications for mail-in ballots must be submitted in-person, by mail, or on behalf of the applicant by his or her guardian or relative within the second degree of consanguinity or affinity to the Greene County Clerk's Office at 940 N Boonville Ave, RM 113, Springfield, Missouri 65802. The appropriate address for all other Missouri local election authorities can be found on the Missouri Secretary of State's website (www.sos.mo.gov/elections/countyclerks). Missouri law requires that requests for mail-in ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day if the ballot is to be mailed. If you registered by mail and this is your first time voting you must provide a copy of current valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address. All mail-in ballots must be notarized. §§ 115.277, 115.302, 115.427 (6/20) PL 107-252 FOR OFFICE USE ONLY:

\$\\$ 115.277, 115.302, 115.427 (6/20) PL 107-252

FOR OFFICE USE ONLY:

VOTER ID NUMBER: _____ PRECINCT: _____ BALLOT STYLE: ______