



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

STATE OF MISSOURI
COUNTY OF GREENE

I, _____, declare that I am a resident and registered voter of Greene 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.

For identification purposes, the last four digits of my social security number are _____.

For identification purposes, my date of birth is _____.

For any upcoming primary election, please print the name of the political party ballot you wish to receive:

_____.

Residential Address :

(Street Address)

(City, State, and Zip Code)

Mailing Address (if different):

(Street Address)

(City, State, and Zip Code)

Telephone Number : _____
(include area code)

Signature

Date