APPLICATION TO PARTICIPATE IN THE ABSENTEE VOTING PROCESS

State of Missouri)
)ss.
County of Washington)

I, _____ (Print Applicant's Name)

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 absentee voters pursuant to Section 115.284 RSMo, and that I be delivered an absentee ballot APPLICATION for each election in which I am eligible to vote.

_____ Date: _____
Signature of Voter

Voter's Address: (Please Print)

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