

STATE OF MISSOURI            )  
  )  
COUNTY OF WASHINGTON        )

REQUEST TO BE PLACED ON THE LIST  
OF PERMANENTLY DISABLED VOTERS

WASHINGTON COUNTY

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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