

NOTICE OF PERMANENT DISABILITY

State of Missouri

County of Lincoln

I, _____, declare that I am a resident and
Printed Name
registered voter of Lincoln County, Missouri, I am permanently disabled, or, I am responsible for the care of an individual or individuals that are 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 of the Revised Statutes of the State of Missouri, and, that I be delivered an absentee ballot application for each election in which I am eligible to vote.

Residential Address:

Address where application is to be mailed (If Different):

Street Address

Street Address or P.O. Box

Street Address

Street Address or P.O. Box

City, State, Zip Code

City, State, Zip Code

Telephone Number

Signature

Date

If you require assistance with this form, please call: (636) 462-8090

Mail this completed form to: Lincoln County Clerk's Office, 201 Main Street, Troy, Missouri 63379

Or; fax this completed form to: (636) 528-5528

Or; email this completed form to: absentee@lincolncountymoclerk.gov