

DENISE HUBBARD
COUNTY CLERK
10 E. 5th St. Room 104
Fulton, MO 65251

CLERK OF THE COMMISSION

CALLAWAY COUNTY, MISSOURI

Phone (573) 642-0730
Fax (573) 642-7181

Office Use Only

STATE OF MISSOURI }
County of Callaway }§

Voter #: _____
Precinct: _____

REQUEST TO JOIN PERMANENT ABSENTEE VOTING LIST

I, _____, declare that I am a resident and registered voter of Callaway County, Missouri and that I am permanently disabled (or the caregiver of someone who is). 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.

Last 4 digits of your social security number: _____

Physical Home Address:

Mailing Address (if different):

Street

Street / P.O. Box

City, State, Zip

City, State, Zip

Phone: _____

Date: _____

Signature of Voter

Signature of Person Assisting Voter
(if applicable)

Please return this form to: Callaway County Clerk, 10 E. 5th St., Fulton, MO 65251