

DENISE HUBBARD  
COUNTY CLERK  
10 E. 5<sup>th</sup> 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 PERMANENTLY DISABLED 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. 5<sup>th</sup> Street Rm. 104  
Fulton, MO 65251