



COUNTY OF JEFFERSON

JEANNIE GOFF

COUNTY CLERK

Jefferson County Clerk & Election Authority
Administration Center
729 Maple Street/PO Box 100
Hillsboro Missouri 63050
636-797-5486 Office | 636-797-5360 Fax
COUNTYCLERK@jeffcomo.org

REQUEST TO JOIN PERMANENTLY DISABLED ABSENTEE VOTING LIST

State of Missouri

Voter ID# _____
(Office Use Only)

County of Jefferson

I, _____, declare that I am a resident and registered voter of Jefferson 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, and that I be delivered an absentee ballot application for each election in which I am eligible to vote.

RESIDENTIAL ADDRESS:

Street

City, State, Zip Code

Last 4 digits of Social Security Number

(_____)_____
Daytime Telephone Number

MAILING ADDRESS:

Street or PO Box

City, State, Zip Code

Date of Birth

Email Address

X _____
Signature of Voter Required

Date

Please sign and return to:

Mail: PO Box 100, Hillsboro, Missouri 63050

Email: countyclerk@jeffcomo.org

Fax: (636) 797-5360