



# 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](mailto: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:

#### MAILING ADDRESS:

Street

Street or PO Box

City, State, Zip Code

City, State, Zip Code

Last 4 digits of Social Security Number

Date of Birth

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number

Email Address

\_\_\_\_\_  
**Signature of Voter Required**

**Date**

#### Please sign and return to:

**Mail:** PO Box 100, Hillsboro, Missouri 63050

**Email:** [countyclerk@jeffcomo.org](mailto:countyclerk@jeffcomo.org)

**Fax:** (636) 797-5360