

LINCOLN COUNTY MISSOURI

PERMANENT ABSENTEE REQUEST

State of Missouri
County of Lincoln

I _____ declare that I am a resident and
(print applicant's name)
registered voter of Lincoln County, Missouri, and am permanently disabled, or the
caregiver of such. 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.

My Residence address is:

My Mailing Address is:

Street

Street or PO Box

Apt., Lot, Trailer, Unit # etc.

City, State, Zip Code

City, State, Zip Code

Telephone Number _____

Signature

Date

This request is for Lincoln County Residents Only

Print form, Complete form, Sign form Place form in envelope and

Mail to: Lincoln County Clerk

201 Main St.

Troy MO 63379 Room 102