

INDEFINITE ABSENTEE REQUEST

I, _____, declare that I am a resident and registered
(Print Name)

voter of Jefferson County, Missouri, and am permanently disabled, or the caregiver of such.
I hereby request that my name remain 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.

RESIDENCE ADDRESS OF VOTER:

MAIL BALLOT TO: (if different)

Street

Street or PO Box

City, State, Zip Code

City, State, Zip Code

Daytime Telephone Number

X _____
Signature of Voter Required

Date

REQUEST FOR REMOVAL FROM ABSENTEE LIST

I, _____, wish to be removed from the
(Print Name)

Indefinite Absentee List, and will resume voting at my polling place. I will continue to be a registered voter in Jefferson County, and understand that I may request an absentee ballot for a future election, if needed.

RESIDENCE ADDRESS OF VOTER:

Street

City, State, Zip Code

Daytime Telephone Number

X _____
Signature of Voter Required

Date