

**Boone County Clerk's Office
801 E. Walnut, Rm. 236
Columbia, MO 65201
(573) 886-4375**

APPLICATION FOR PLACEMENT ON PERMANENTLY DISABLED VOTER LIST

Voter's Name: _____

Last four digits of social security number: _____ Date of Birth: _____

Telephone number: _____ Email: _____
(Include area code)

Voter's Boone County Residential Address: _____
(Street address)

(City, State, Zip Code)

Voter's Mailing Address: _____
(Street address)
(IF DIFFERENT THAN ABOVE):

(City, State, Zip Code)

I declare that I am a resident and registered voter of Boone 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.

Signature (or mark) of Voter

Date

Signature of Person Assisting Voter
(if applicable)

Mail this completed form to the Boone County Clerk's Office at 801 E. Walnut, Room 236, Columbia MO 65201 or email/fax this completed request to: **absentee@boonecountymo.org** or (573) 886-4300 (fax).