

# APPLICATION FOR OFFICIAL ABSENTEE BALLOT

IN PERSON OR BY MAIL – PERMANENT

STATE OF MISSOURI

COUNTY OF CASS

DATE \_\_\_\_\_

I, \_\_\_\_\_, declare that I am a resident and registered voter of Cass County, Missouri and that I am permanently disabled. I hereby request that my name be placed on the list of voters qualified to vote by absentee ballot pursuant to Section 115.284 RSMo (2000), due to my permanent disability status. Pursuant to Section 115.284 RSMo (2000), I further request that I be delivered an absentee ballot application for each election in which I am eligible to vote.

Mail Ballot(s) to me at the following: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Show Party for Primary

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Relationship to Applicant

Mail or return this completed form to the Election Authority,  
102 E. Wall St., Harrisonville, MO 64701 or Fax to 816-380-8101.

For additional information please contact the  
Cass County Clerk's Office at 816-380-8102.