

REQUEST FOR MISSOURI ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the
Printed name

_____ Election.
Election Date

For identification purposes, the last four digits of my social security number are: _____.

If this is a primary election, please print the name of the political party ballot you wish to receive: _____.

Reason for requesting an absentee ballot:

- _____ Absence on Election Day from the jurisdiction of the election authority in which I am registered
- _____ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability (No Notary Required)
- _____ Religious belief or practice
- _____ Employment as an election authority or by an election authority at a location other than my polling place
- _____ Incarceration, although I have retained all the necessary qualifications for voting
- _____ Certified participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns.

Address where I am registered to vote:

(Street Address)

(City, State, Zip Code)

Address where ballot is to be mailed:

(Street Address or PO Box)

(City, State, Zip Code)

Telephone number: _____
(Include Area Code)

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

Signature of Registered Voter

Date

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

Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on the second Wednesday prior to Election Day if the ballot is to be mailed. The deadline for absentee voting in person at the office of the County Clerk/Election Authority is 5:00 p.m. on the day before the election. For additional information please contact the County Clerk's Office at 816-380-8102.