

ROWLAND A. TODD  
CAMDEN COUNTY CLERK  
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CAMDENTON, MO. 65020  
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State of Missouri }  
County of Camden } SS

**NOTICE OF PERMANENT DISABILITY &  
REQUEST TO JOIN PERMANENTLY DISABLED ABSENTEE VOTING LIST**

I, \_\_\_\_\_, declare that I am a resident and registered voter of Camden  
(Please print name)  
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.

\_\_\_\_\_  
Signature (or mark) of Voter

\_\_\_\_\_  
Signature of Person Assisting Voter  
(if applicable)

Home Address:

Mailing Address (If Different):

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date