

TWP/PCT _____

LOC# _____

REGIS# _____

BAL/STYLE _____

.....
DO NOT WRITE ABOVE THIS LINE

Mail Application – November 2, 2010 General Election

For additional information call 615-1833 or 615-1884 (TTY) or email us at mmoore@stlouisco.com

For voters requiring special needs, allow two business days' notice for sign language interpreters or Braille.

RETURN THIS FORM TO: Board of Election Commissioners, 12 Sunnen Drive, Suite 126, St. Louis, MO 63143

FAX NUMBER: 314-615-1998

IMPORTANT NOTICE: Any person who knowingly makes a fraudulent absentee application shall be guilty of a class-one election offense.

Voter's Name _____ Birth Date _____ Last four digits of SS# _____

CountyAddress _____ City _____ Zip _____

I expect to be prevented from going to the polls on Election Day,

Due to (check one):

Absence on Election Day from St. Louis County;

Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability (**notary not required for this reason**)

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 of the necessary qualifications for voting

A member of the U.S. armed forces in active service or a dependent spouse

A civilian employee of the U.S. government working outside the United States

A registered voter in _____ County, Missouri, and moved from that county to St. Louis County after the 4th Wednesday prior to this election

A former resident of Missouri and authorized to vote for federal offices by federal law

Address to which ballot is to be mailed:

_____ City _____ State _____ ZIP _____

X

Voter Signature or Mark (A mark must be witnessed)

Phone where you can be reached

THIS ABSENTEE BALLOT REQUEST MUST BE IN THE ELECTION OFFICE BY 5:00 P.M. ON WEDNESDAY, OCTOBER 27, 2010