

LOCATION:	REG.#	WARD	PCT.
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KANSAS CITY BOARD OF ELECTION COMMISSIONERS
ABSENTEE BALLOT REQUEST
 For the **August 4, 2020**
PRIMARY ELECTION

YOU MUST SELECT ONE PARTY TO RECEIVE YOUR BALLOT:

REPUBLICAN **DEMOCRATIC** **LIBERTARIAN** **GREEN** **CONSTITUTION** **ISSUES ONLY**

I, _____, for the purpose of securing an absentee ballot
PRINT NAME

for the **Primary Election** to be held on **August 4, 2020**, hereby declare that I am a registered voter at the following address:

_____ , _____ , _____
RESIDENTIAL ADDRESS **ZIP CODE** **TELEPHONE NUMBER**

_____/_____/_____
DATE OF BIRTH **LAST 4-DIGITS OF SSN** **EMAIL ADDRESS**

In Kansas City, Jackson County Missouri; that I am entitled to vote by absentee ballot at said election; that the reason for requesting an absentee ballot is:

PLEASE CHECK ONE BOX

- Absence on Election Day from the jurisdiction of the election authority in which I am registered to vote;
- Incapacity or confinement due to illness or physical disability, including caring for a person who is Incapacitated or confined due to illness or physical disability (**NO NOTARY REQUIRED 115.283**);
- Religious belief or practice;
- Employment as an election authority, as a member of an Election Authority, or by an Election Authority at a location other than my location other than my policing place;
- Incarceration, although I have retained all the necessary qualifications for voting;
- Certified participation in the address confidentiality (SAFE at Home) program established under sections 589.660 to 589.681 because of safety concerns;
- I have contracted or am in an at-risk category for contracting or transmitting severe acute respiratory syndrome coronavirus 2 (COVID-19) pursuant to Section 115.277.6, RSMo. **At-risk voters are individuals who:**

- (1) Are sixty-five years of age or older;
 - (2) Live in long-term care facility licensed under Chapter 198 RSMo.
 - (3) Have chronic lung disease or moderate to severe asthma;
 - (4) Have serious heart conditions;
 - (5) Are immunocompromised;
 - (6) Have diabetes;
 - (7) Have chronic kidney disease and are undergoing dialysis; or
 - (8) Have liver disease.

← NO NOTARY REQUIRED

Mail ballot to this address **if different** from above:

SIGNATURE OF VOTER (AS REGISTERED) **DATE**

OR SIGNATURE OF PERSON REQUESTING APPLICATION FOR VOTER OR ACTING AS WITNESS, IF VOTER SIGNS WITH AN "X" OR REQUIRES ASSISTANCE

_____ **RELATIONSHIP TO APPLICANT***

_____ **ZIP**

Mail this completed form to **KANSAS CITY BOARD OF ELECTION COMMISSIONERS, 30 W Pershing Rd., Lower Level B, #2800 K.C.MO 64108, (816) 842-4820 ext. 227** Missouri law requires that requests for absentee ballots must be received by 5:00 p.m. on **July 22, 2020** the second Wednesday prior to Election Day if the ballot is mailed. The deadline for absentee voting in person in the office of the election authority is 5:00 p.m. on the day before the election. If you registered by mail and this is your first time voting, you must provide a copy of either: (1) an ID issued by the Federal Government, state of Missouri, or a local election authority; (2) ID issued by a Missouri institution (public or private) of higher education; or (3) a current utility bill, bank statement, paycheck, government check or other government document that contains your name and address.