

OFFICE USE ONLY

LOCATION:	REG.#	WARD	PCT.
-----------	-------	------	------

**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 polling 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.