

ATTENTION _____ COUNTY ELECTION COMMISSION

Mail, fax or email completed request to your local county election commission

I formally "Request an Absentee Ballot" based upon the following information.

- 1) PRINT NAME _____
- 2) ADDRESS ON VOTER REGISTRATION _____
- 3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS _____
- 4) MY SOCIAL SECURITY # IS _____
- 5) MY DATE OF BIRTH IS _____
- 6) I WISH TO VOTE IN THE _____ Election

7) MY LEGAL REASON FOR VOTING ABSENTEE (Check One)

- I am over 60 years of age.
- I am on the permanent absentee voting register.
- I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside county to mail absentee ballot)
- I am enrolled as a full-time student (or I am the spouse of a student) at an institution inside Tennessee and outside the county where I am registered.
- I am a voter with a disability and my polling place is inaccessible.
- I reside in a licensed facility, outside the county, providing relatively permanent domiciliary care (Nursing Home).
- I am hospitalized, ill or physically disabled and because of such condition, I am unable to appear at my polling place for this election.
- I am a caretaker of a person who is hospitalized, ill or physically disabled.
- I am a candidate. I am on jury duty in a state or federal court.
- I am serving as an election official or a member or employee of the election commission on Election Day.
- I am observing a religious holiday that prevents me from voting early or on Election Day.
- I have a Commercial Drivers License (CDL) (or I am the spouse of a person possessing a CDL) or I have a Transportation Worker Identification Credential (TWIC), will be out of county during the open hours of early voting & Election Day, & have no specific out-of-county or out-of-state address to receive mail during this time. Enclosed is a copy of my CDL or my spouse's CDL or TWIC card. **The CDL # is** _____

8) SIGNATURE OF VOTER _____

If voter is unable to sign their name, or receives assistance with this form, the person assisting and one witness must also sign their name and address.

1. _____
Name and address of person assisting

2. _____
Name and address of person witnessing

FOR _____ COUNTY ELECTION OFFICE USE:
 (Circle One) This Request has been: Approved - Rejected on _____ by _____
 Voting Precinct/District _____ Application Signature verified on _____ by _____
 Ballot Sent _____ Ballot Rcvd _____ Ballot Affidavit Signature verified on _____ by _____