To vote by mail you must meet one of the reasons listed below and submit a request no later than the 7th day before the election.

Note: If you have never voted before and you registered to vote by mail, then you must vote IN-PERSON the first time you vote.

ABSENTEE BY-MAIL BALLOT REQUEST

ELECTION: AUGUST 6, 2020

This form may be submitted by mail, fax or email to your county election commission. When emailing, you must attach the completed request to the email. <u>Click here</u> to find contact information for your election commission.

First Day to accept a Request: MAY 8, 2020 Last Day to accept a Request: JULY 30, 2020

Thist bay to accept a re-	•		·	·	
PROVIDE ALL OF THE INFORMATION BELOW (REQUIRED)					
PRINT FULL LEGAL NAME:					
ADDRESS WHERE YOU LIVE:					
CITY:			ZIP:		
FULL SOCIAL SECURITY #:		DATE	DATE OF BIRTH:		
PHONE:	EMAIL:				
ADDRESS TO MAIL BALLOT TO (IF DIFFERENT):					
CITY:	S	TATE:	ZIP:		
INDICATE THE BALLOT YOU ARE REQUESTING (REQUIRED)					
Republican Primary and General Election	Democratic Prin General Elect	nary and	☐ General Ele	•	
ONLY ONE PRIMARY MAY BE SELECTED					
CHECK THE REASON FOR REQUESTING TO VOTE BY MAIL (REQUIRED) I am 60 years of age or older.					
I will be outside my county during all hours of early voting and before the polls close on Election Day. I am hospitalized, ill or physically disabled and unable to appear at my polling place to vote; and/or I have determined it is					
impossible or unreasonable to vote in-person due to the COVID-19 situation.					
☐ I am a caretaker of a hospitalized, ill or physically disabled person, and/or I have determined it is impossible or					
unreasonable to vote in-person due to the COVID-19 situation. I am a full-time student or spouse of a full-time student outside my county.					
☐ I reside in a licensed facility, outside my county, providing relatively permanent domiciliary care, i.e. Nursing Home.					
☐ I am a candidate for office in the election for which I am applying to vote absentee by mail.					
I am observing a religious holiday that prevents me from voting during early voting or on Election Day.					
I will be serving as an election official or a member or employee of the election commission on Election Day. I will be serving on jury duty in state or federal court.					
I am a voter with a disability and my polling place is inaccessible.					
☐ I have a CDL or TWIC or I am a spouse of a person with a CDL or TWIC and will be out of the county during early voting and Election Day and have no out of the county address to receive mail during this time. Enclosed is a copy of the CDL or TWIC (required) and the number is:					
☐ I am a member of the military, spous	am a member of the military, spouse, or dependent. You must include a mailing address outside the county, even if the ballot is emailed.				
I am an activated National Guard member on state orders. Send military/overseas ballot by: Ma					
I am an overseas citizen and otherwise qualified to vote in TN. If email, provide email address above.					
I swear or affirm, under the penalty of eligible to vote in the election.	f perjury, that all of the i	nformation on t	his form is true and co	rrect and that I am	
REQUIRED					
VOTER'S SIGNATURE:			DATE:		
(Digital Signature Not Accepted) ASSISTANCE SIGNATURES: (only	required if yeter connet sign	their own name)			
ASSISTANCE SIGNATURES. (OTH)	required ii voter carinot sign	trieir own name)			
SIGNATURE OF PERSON ASSISTING		ADDRESS		DATE	
SIGNATURE OF WITNESS		ADDRESS		DATE	
ELECTION OFFICE USE ONLY					
APPROVED / REJECTED DATE	BY BALLOT	SENT DATE	BALLOT RECEIVE	D DATE	