

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 number 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 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 my TWIC card. The CDL Number 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 Received _____ Ballot Affidavit Signature verified on _____ by: _____