

Request for Application for Absentee By-Mail Ballot

August 2, 2018 County General, Federal & State Primary, and Louisville & Townsend City Election

Complete the following information and sign at the bottom. This application **MUST be received** in the Election Commission Office **no later than Thursday, July 26, 2018.**

OFFICE USE ONLY:

Precinct: _____
Rqst Rcvd: _____
Ballot #: _____
Mail: _____
Rcvd: _____

Print Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____ Phone: _____

Mail ballot to this address: _____

I wish to vote in the: (**pick only ONE**) _____ Republican Primary w/Co General **OR** _____ Democratic Primary w/Co General **OR** _____ County General (**only**) _____ City Ballot (**only**) (Louisville & Townsend)

My reason for requesting an absentee ballot is (check one):

- | | |
|---|--|
| <input type="checkbox"/> 60 years of age or older | <input type="checkbox"/> Sickness or physical disability |
| <input type="checkbox"/> Jury duty | <input type="checkbox"/> Caretaker of a hospitalized, ill, or physically disabled person |
| <input type="checkbox"/> Candidate for office | <input type="checkbox"/> A person with a disability whose polling place is inaccessible |
| <input type="checkbox"/> Poll Worker | <input type="checkbox"/> Religious holiday (that prevents me from voting early or on Election Day) |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Permanent Absentee Voter |
| <input type="checkbox"/> Property Rights | |
- I have a Commercial Driver's License or I am a spouse of the driver and **will be out of the county during early voting and Election Day**, and 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.**

*** **OR** ***

If you mark one of the reasons below, you **must** provide an out-of-county address.

- Out of the county **during all hours of Early Voting and Election Day.**
- Out of the county as a full-time student (or spouse of a student) at an institution and outside the county where I am registered.
- Out of county full-time resident of a licensed facility (nursing home).

Mail ballot to this address (out of county): _____

I, the undersigned, under the penalty of perjury, do swear or affirm that the information contained in this document is true and correct to the best of my knowledge.

Voter's Signature*: _____

(Digital Signature Not Accepted)

***If voter is unable to sign their name or make a mark,** the person assisting **and** one witness must also sign their names and provide their addresses.

1. Name and address of person assisting: _____

2. Name and address of person witnessing: _____

Return via Mail to:
Blount County Election Commission
383 Court Street
Maryville, TN 37804

Or

Return via Fax to: 865-273-5927
Return via Email to: elections@blounttn.org
Questions – Call: 865-273-5920
www.blounttn.org/election