

**Request for Application for Absentee By-Mail Ballot**  
**November 6, 2018 Federal & State General, Alcoa, Louisville, Maryville 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, October 30, 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 ONE**) \_\_\_\_\_ Federal & State General (**includes city ballots where applicable**)  
\_\_\_\_\_ City Ballot (**only**) (Alcoa, Louisville, Maryville)

**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](mailto:elections@blounttn.org)  
**Questions – Call:** 865-273-5920  
[www.blounttn.org/election](http://www.blounttn.org/election)