**ATTENTION HAYWOOD COUNTY ELECTION COMMISSION**

***This form is due in the Election Office no later than November 1, 2016***

I formally “Request an Absentee Ballot” based upon the following information. *(form will be rejected if incomplete)*

**1)** PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** HOME ADDRESS ON VOTER REGISTRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3)** MAIL MY ABSENTEE BALLOT TO THIS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4)** SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **5**) DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6)** I WISH TO VOTE IN THE: November 8th, 2016 General Election

**7)** REASON FOR VOTING ABSENTEE **(Check One)**

\_\_\_\_ I am over 60 years of age.

\_\_\_\_ I have filed a Physician’s Statement and am on the Permanent Absentee List.

\_\_\_\_ I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act and I am requesting my

 ballot to be sent by: Mail □ or Email □: email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 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 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 spouse of a person possessing a CDL) or 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 # is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***“I swear or affirm, under the penalty of perjury, that all the information on this form is true and correct***

***and that the voter is eligible to vote in the election.”***

**8)** SIGNATURE OF VOTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Assistant Address of Assistant*

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Witness Address of Witness*

***SEND FORM TO:*** *Haywood County Election Commission, 1 N. Washington Ave., Brownsville, TN 38012*

**Or by email to**: *haywoodcounty@bellsouth.net*

*VISIT OUR WEBSITE* [*haywoodvotes.com*](http://www.haywoodvotes.com) *or CALL ELECTION OFFICE AT* ***731-772-1760*** *if you have questions.*

**FOR COUNTY ELECTION OFFICE USE ONLY:**

(Circle One) This Request has been: Approved OR Rejected on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_

Voting Precinct/Ward \_\_\_\_\_\_\_\_\_ Application Signature verified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ballot Sent \_\_\_\_\_\_\_\_\_\_ Ballot Received \_\_\_\_\_\_\_\_\_ Ballot Affidavit Signature verified on\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_