ATTENTION HAYWOOD COUNTY ELECTION COMMISSION

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

I formall 1) PRINT	y "Request an Absentee Ballot" based u ⁻ NAMF	upon the following informatio	on. (form will be reject	ted if incomplete)
-	E ADDRESS ON VOTER REGISTRATION			
	MY ABSENTEE BALLOT TO THIS ADDRES			
	L SECURITY #			
	H TO VOTE IN THE: November 8 th , 2016			
-	DN FOR VOTING ABSENTEE (Check One			
	m over 60 years of age.			
	ave filed a Physician's Statement and ar	n on the Permanent Absente	e List.	
	m a voter covered under the Uniformed			m requesting my
b	allot to be sent by: Mail 🗆 or Email 🗆 :	email address		
I w	ill be outside of this county during all he	ours of early voting and Elect	ion Day (must include	e mailing address
o	utside county to mail absentee ballot)			-
l ar	m enrolled as a full-time student (or spo	ouse of a student) at an institu	ution inside Tennesse	e and outside the
	ounty 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.				
	ave a Commercial Drivers License (CDL)			sportation Worker
	ation Credential (TWIC), will be out of c		•	•
	or out-of-state address to receive mail d		•	•
	rd. The CDL # is			, spease s eb 2 er m,
	or affirm, under the penalty of perjury	, that all the information on	this form is true and	correct
	t the voter is eligible to vote in the elec	-	•	
8) SIGN/	ATURE OF VOTER		DATE	
•	If voter is unable to sign their name, or	receives assistance with this		
	witness must also sign their name and			5
1				
9	Signature of Assistant Addres	s of Assistant		
2.				
	Signature of Witness Address	s of Witness		
	SEND FORM TO: Haywood County Ele	ction Commission, 1 N. Wash	ington Ave., Brownsv	ille, TN 38012
	Or by ema	i <mark>l to</mark> : haywoodcounty@bellso	outh.net	
۱	VISIT OUR WEBSITE <u>haywoodvotes.com</u>	or CALL ELECTION OFFICE AT	731-772-1760 if you	have questions.
FOR COL	JNTY ELECTION OFFICE USE ONLY:			
(Circle One) This Request has been: Approved OR Rejected on by by				
Voting P	recinct/Ward Application S	ignature verified on	by	
Ballot Se	ent Ballot Received	Ballot Affidavit Signatur	e verified on	by