ATTENTION HAYWOOD COUNTY ELECTION COMMISSION

*\*\*This form must be received by June 12, 2018\*\**

I formally “Request an Absentee Ballot” based upon the following information:

**1)** PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2)** PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3)** ADDRESS WHERE YOU LIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**5)** SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **6**) DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7)** I AM REGISTERED AND WISH TO VOTE IN THECITY OF BROWNSVILLE MUNICIPAL ELECTION.

**8)** 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 Voting Register.

\_\_\_\_ I am a □member of the military, spouse or dependent; □an activated National Guard member on state orders; or □overseas citizen and otherwise qualified to vote in Tennessee 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

\_\_\_\_ 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 Driver’s License (CDL) (or am a spouse of a person possessing a CDL) or a Transportation Worker Identification Credential (TWIC), will be out of county during early voting & 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. **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 I am 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 the voter with the form and one witness must also sign their name and address.***

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Assistant Address of Assistant*

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

*Signature of Witness* *Address of Witness*

***FORM MUST BE RECEIVED 7 DAYS PRIOR TO ELECTION DAY***

**Mail form to:** *Haywood County Election Commission, 1 N. Washington Ave., Brownsville, TN 38012*

**Or Email to**: *haywoodcounty@bellsouth.net* (digital signatures are not acceptable)

Questions?? Call Haywood County Election Office at **731-772-1760** or visit our website: haywoodvotes.com

***NOTICE: A person who is not an employee of an election commission commits a Class E felony if such person gives an application for an absentee ballot to any person or commits a Class A misdemeanor if such person gives an unsolicited request for application for absentee ballot to any person. T.C.A. § 2-6-202(c)(3) and (4).***

**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\_\_\_\_\_\_\_\_\_\_