**JUNE 16TH CITY OF BROWNSVILLE MUNICIPAL ELECTION**

\*\*\*\* COMPLETED FORM MUST BE RECEIVED BY JUNE 9, 2020 \*\*\*\*

***I am a registered voter living in the city limits of Brownsville and I request an absentee (by-mail) ballot from the Haywood County Election Commission for this election:***

**1. PRINT Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Brownsville address where you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Mail my absentee ballot to this address if different than address above *(please PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**5. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. ENTIRE Social Security number: \_\_ \_\_ \_\_ -\_\_ \_\_ -\_\_ \_\_ \_\_ \_\_**

**7. Email** (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. THIS ELECTION IS A MUNICIPAL ELECTION for the City of Brownsville. You must live in Ward 1 or Ward 3.**

**9. My legal reason for voting Absentee is *(CHECK ONE):***

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

\_\_\_\_ I am hospitalized, ill, or physically disabled, and 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 will be outside of Haywood County during all hours of Early Voting, **May 26 – June 11** and Election Day, **June 16**.

\_\_\_\_ I am enrolled as a full-time student or I am the spouse of a student at an institution outside Haywood County.

\_\_\_\_ 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 care, i.e. nursing home.

\_\_\_\_ 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 am a member of the **military**, spouse, or dependent ; an activated **National Guard** member on state orders ;

an **overseas citizen** and otherwise qualified to vote in TN  **(See #4 above: you must include a mailing address outside**

**Haywood County, even if ballot is emailed)** Send military/overseas ballot by: Mail  Email  **(Provide email on Line 7)**

***I swear or affirm, under the penalty of perjury, that all information on this form is true and correct and that I am eligible to vote in the election.***

***Signature of Voter*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Digital Signature NOT Accepted…..Original Signature REQUIRED DATE***

***If voter cannot sign their name OR if they receive assistance with this form, the following 2 items are REQUIRED*:**

**1)Signature and address of person assisting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2)Signature and address of person witnessing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* COMPLETED FORM MUST BE RECEIVED BY JUNE 9, 2020 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

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

**Or Email to**: *haywood.commission@tn.gov* (digital signatures are not acceptable)

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

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