

**Request for Application for Absentee By-Mail Ballot  
March 3, 2020 Presidential Preference & County Primary Election**

Complete the following information and sign at the bottom. This application **MUST** be received in the Election Commission Office no later than Tuesday, February 25, 2020.

**OFFICE USE ONLY:**

Precinct: \_\_\_\_\_  
Rqst Rcvd: \_\_\_\_\_  
Ballot #: \_\_\_\_\_  
Mail: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mail ballot to this address:** \_\_\_\_\_

**I wish to vote in the:** \_\_\_\_\_ Republican Primary **OR** \_\_\_\_\_ Democratic Primary **(PICK ONLY ONE)**

**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"/> I have a Commercial Driver's License or I am a spouse of the driver or I have a Transportation Worker Identification Credential (TWIC) and <b>will be out of the county during early voting and Election Day</b> , and have no specific out-of-county or out-of-state address to receive mail during this time. <b>Enclose a copy of CDL or spouse's CDL or TWIC card.</b> |  |

**\*\*\* 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:**  
Jefferson County Election Commission  
PO Box 177, Dandridge, TN 37725

**Or**

**Return via Fax to:** 865-397-5062  
**Return via Email to:** [elections@jeffersoncountyttn.gov](mailto:elections@jeffersoncountyttn.gov)  
**Questions – Call:** 865-397-3440 / [www.jeffersoncountyttn.gov](http://www.jeffersoncountyttn.gov)