

Request for Application for Absentee By-Mail Ballot

August 6, 2020 Republican and Democratic Federal & State Primary and Jefferson Co. General Elections

Complete the following information and sign at the bottom. This application **MUST be received** in the Election Commission Office **no earlier than May 8, 2020 and no later than July 30, 2020.**

OFFICE USE ONLY:

Precinct: _____
Rqst Rcvd: _____
Ballot #: _____
Mail: _____
Rcvd: _____

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 **OR** _____ County General (**only**)
*******(Pick Only One)*******

(County General Ballot is attached to Republican and Democratic Primary Ballots)

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"/> Property Rights | |
- I have a Commercial Driver's License or I am a spouse of the driver and **will be out of the county during early voting and 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.**
*** **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
Questions – Call: 865-397-3440