

ATTENTION CLAIBORNE COUNTY ELECTION COMMISSION

I formally "Request an Absentee Ballot" based upon the following information.

1) PRINT NAME AS REGISTERED _____

2) ADDRESS WHERE YOU LIVE _____

3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS _____

4) MY SOCIAL SECURITY # IS _____ 5) MY DATE OF BIRTH IS _____

6) MY LEGAL REASON FOR VOTING ABSENTEE IS (**CHECK ONE**)

I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside the county)

I am enrolled as a full-time student or a spouse of a student at an institution inside Tennessee and outside the county where I am registered. (must include mailing address outside county)

I am a permanent absentee voter and have a doctor statement on file

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 ill or disabled

I am on jury duty in a state or federal court

I am over 60 years of age.

I am a candidate

I am serving as an election official or a member or an employee of the Election Commission on election day.

I am observing a religious holiday that prevents me from voting early or election day

I have a Commercial Driver's License (CDL) or spouse of a person possessing a CDL or a Transportation Worker Identification Credential (TWIC) & will be out of the county during early voting & Election Day & 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 reside in a licensed facility, outside the county, providing relatively permanent domiciliary care, i.e. Nursing Home (must include mailing address outside county)

I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act (must include mailing address outside county even if emailing ballot) Ballot to be sent : by mail email email address: _____

7) I WISH TO VOTE IN THE (PLEASE CIRCLE ONE)

GENERAL ELECTION

REPUBLICAN PRIMARY ELECTION

DEMOCRAT PRIMARY ELECTION

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 this election.

8) Signature of Voter _____

If the 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 address.

Person assisting _____ Name of person witnessing _____

FORWARD THIS INFORMATION TO: Claiborne County Election Commission OR Fax to: 423-626-6770
P.O.Box 343
Tazewell, TN 37879
Phone: 423-626-5128

FOR CLAIBORNE COUNTY ELECTION OFFICE USE:

(Circle One) This Request has been: Approved or Rejected on _____ by _____

Precinct _____ District _____ ID # _____ Application signature verified on _____ by _____

Ballot Sent _____ Ballot Rcvd _____ Ballot Affidavit Signature verified on _____ by _____