SULLIVAN COUNTY ELECTION COMMISSION

Jason C. Booher, Administrator of Elections 3258 Highway 126, Suite 103 **Blountville, Tennessee 37617** 423-323-6444

ABSENTEE BY-MAIL BALLOT REQUEST ELECTION: NOVEMBER 3, 2020

To vote by mail you must meet one of the reasons listed below and submit a request no later than the 7th day before the election.

This form may be submitted by mail, email (absentee@scelect.org), or fax (423)323-6443 First Day to accept a Request: AUGUST 5, 2020 Last Day to accept a Request: OCTOBER 27, 2020

PROVIDE ALL OF THE INFORMATION BELOW (REQUIRED)						
PRINT FULL LEGAL NAME:						
PRINT ADDRESS WHERE YOU LIVE:						
CITY:				ZIP:		
FULL SOCIAL SECURITY #: -				OF BIRTH:		
PHONE:	EMAIL:					
ADDRESS TO MAIL BALLOT TO (IF DIFFERENT):						
CITY:		STATE:		ZIP:		
CHECK THE REASON FOR REQUESTING TO VOTE BY MAIL (REQUIRED)						
I am 60 years of age or older.						
☐ I will be outside Sullivan County during all hours of early voting and before the polls close on Election Day						
☐ I am hospitalized, ill or physically disabled and unable to appear at my polling place to vote (this includes persons who have underlying medical or health conditions which in their determination render them more susceptible to contracting COVID-19 or at a greater risk should they contract it).						
□ I am a caretaker of a hospitalized, ill or physically disabled person (this includes persons who have underlying medical or health conditions which in their determination render them more susceptible to contracting COVID-19 or at a greater risk should they contract it).						
☐ I am a full-time student or spouse of a full-time student outside Sullivan County.						
☐ I reside in a licensed facility, outside Sullivan County, providing relatively permanent domiciliary care, i.e. Nursing Home						
I am a candidate for office in the election for which I am applying to vote absentee by mail.						
I am observing a religious holiday that prevents me from voting during early voting or on Election Day.						
I will be serving as an election official or a member or employee of the election commission on Election Day.						
I will be serving on jury duty in state or federal court						
I am a voter with a disability and my polling place is inaccessible						
☐ I have a Commercial Driver's License (CDL) or I am a spouse of a person with a CDL and will be out of the county during early voting and Election Day, and have no out of the county address to receive mail during this time.						
Enclosed is a copy of the CDL (required) a	•			ŭ		
			ou must in	clude a mailing add	dress outside of the	
Tam a member of the military, spouse of dependent county, even if the ballot is emailed.					ot is emailed.	
			Military and Overseas ONLY:			
Read the Following Statement and Sign: I swear or affirm, under the penalty of perjury, that all of the information on this form is true and correct and that I am eligible to vote in the election.						
REQUIRED VOTER'S SIGNATURE:				DATE:		
(Digital Signature Not Accepted) ASSISTANCE SIGNATURES: (only required if voter cannot sign their own name)						
Theolo I Three distriction (only required in ve	tor ourmot org	TI GION OWN THE	<i></i> 0)			
SIGNATURE OF PERSON ASSISTING		ADDF	RESS		DATE	
SIGNATURE OF WITNESS ADDRESS DATE						
ELE	CTION OF	FICE USE (ONLY			
APPROVED / REJECTED DATEBYBALLOT SENT DATEBALLOT RECEIVED DATE						
MASS PRODUCING THIS FORM TO ASK OTHERS TO VOTE BY MAIL IS A CRIME!						