Part 1 of 2 - Print Disability Absentee Ballot Request

Absentee By-Mail Ballot Application for the November 3, 2020 Election

Deadline to Accept an Application: **October 27, 2020**

STEP 1: Provide all of the information below. Please print.

Your Full Legal Name: _____

Address Where You Live: _____

City: _____ **Zip:** _____ **County:** _____

Date of Birth: _____ **Phone:** _____

Full Social Security #: _____ **Email:** _____

Address to Mail the Ballot (if different): _____

City: _____ **State:** _____ **Zip:** _____

STEP 2: Check your reason for applying to vote by-mail.

- ☐ I am 60 years of age or older.
- ☐ I will be outside my county during all hours of early voting and 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 greater risk should they contract it).
- ☐ I am a caretaker of a hospitalized, ill, or physically disabled person (this includes voters who care for or reside with persons who have underlying medical or health conditions which in their determination render them more susceptible to contracting COVID-19 or at greater risk should they contract it).
- ☐ I am a full-time student or spouse of a full-time student outside my county.
- ☐ I reside in a licensed facility, outside my county, providing relatively permanent domiciliary care, i.e. nursing home.
- ☐ I am a candidate for office in the election.
- ☐ 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.
- ☐ I am a voter with a disability and my polling place is inaccessible.
- ☐ I have a CDL or TWIC or I am a spouse of a person with a CDL or TWIC and will be out of the county during early voting and Election Day. Enclosed is a copy of the CDL or TWIC (required) and the number is: _____ .
- ☐ I am a member of the military, spouse, or dependent.
- ☐ I am an activated National Guard member on state orders.
- ☐ I am an overseas citizen and otherwise qualified to vote in TN.

You must include a mailing address outside the county, even if the ballot is emailed.
Send military/overseas ballot by: ☐ Mail or ☐ Email
If email, provide email address above.

STEP 3: Read the following statement and sign this form.

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.

VOTER'S SIGNATURE: (digital signature not accepted) **DATE:**

_____ _____

ASSISTANCE SIGNATURES: (only required if voter cannot sign their own name)

Signature of Person Assisting	Address	Date
Signature of Witness	Address	Date

STEP 4: Submit your application.

You may submit this form by mail, fax, or email to your county election commission. When emailing, you must scan and attach the completed form to the email. Visit GoVoteTN.com to find contact information for your election commission. Your application must be received by **October 27, 2020**. When you receive your ballot and fill it out, you must return the ballot by mail.

NOTICE: You may be eligible for a reward of up to $1,000 if you make a report of voter fraud that leads to a conviction. Call the state election coordinator's Voter Fraud Hotline at 877-850-4959 to report voter fraud.

A person who is not an employee of an election commission commits a Class E felony if such person gives an application for an absentee ballot to any person (T.C.A. § 2-6-202(c)(3); adopted 1979; amended 1994).

Election Office Use Only

Approved/Rejected Date: _____ By: _____ Ballot Sent Date: _____ Ballot Received Date: _____

Part 2 of 2 – Print Disability Absentee Ballot Request

This form is only for people who are unable to independently read or mark a paper absentee ballot due to a "print disability." A print disability is one that interferes with the person's ability to effectively read, write, or use print materials and includes blindness, low vision, and some physical disabilities such as paralysis. Low vision is the loss of sight that is not correctible with prescription eyeglasses or contact lenses.

You must complete and submit parts one and two of this form to receive an accessible ballot.

SECTION 1: CERTIFICATION OF PRINT DISABILITY (REQUIRED)

I certify that I (must certify both):

am eligible to receive an absentee ballot in Tennessee ☐

and

have a print disability that prevents me from reading or marking an absentee paper ballot. ☐

SECTION 2: VOTER INFORMATION (REQUIRED)

Full Legal Name: _____

Street Address Where You Live: _____

City:_____ **Zip:** _____

Full Social Security #: _____ **Date of Birth:**_____

SECTION 3: CONTACT INFORMATION

Phone: _____ **Fax:** _____

Email: _____ **Alternate Email:** _____

SECTION 4: HOW WOULD YOU LIKE TO RECEIVE YOUR ACCESSIBLE BALLOT? (SELECT ONE)

Mail ☐

Email (if by email, provide email address above) ☐

Fax ☐

SECTION 5: VOTER'S SIGNATURE (REQUIRED)

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: (digital signature not accepted) **DATE:**

_____ _____

ASSISTANCE SIGNATURES: (only required if voter cannot sign their own name)

_____	_____	_____
Signature of Person Assisting	Address	Date
_____	_____	_____
Signature of Witness	Address	Date

ELECTION OFFICE USE ONLY

Approved/Rejected Date: _____ By:_____ Ballot Sent Date: _____ Ballot Received Date: _____