

**CARTER COUNTY ELECTION COMMISSION**  
**116 HOLSTON AVE., ELIZABETHTON, TN 37643**  
Fax- 423-547-1534 Email: [elections@cartercountyttn.gov](mailto:elections@cartercountyttn.gov)  
**Mail, fax or email completed request to your local county election commission**  
**Last day to receive request is November 1, 2016**

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

1) PRINT NAME: \_\_\_\_\_

2) Address on Voter Registration Card: \_\_\_\_\_

3) Mail my Absentee Ballot to this address (if different): \_\_\_\_\_

4) My Social Security number is: \_\_\_\_\_

5) My Date of Birth is: \_\_\_\_\_

6) I wish to vote in the: **NOVEMBER 8, 2016 GENERAL ELECTION**

7) MY LEGAL REASON FOR VOTING ABSENTEE: **(Check One)**

\_\_\_\_\_ I am over 60 years of age.

\_\_\_\_\_ I am on the permanent absentee voting register.

\_\_\_\_\_ I will be outside of this county during all hours of early voting and Election Day (must include mailing address outside county to mail absentee ballot)

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

\_\_\_\_\_ I am a voter with a disability and my polling place is inaccessible.

\_\_\_\_\_ I reside in a licensed facility, outside the county, providing relatively permanent domiciliary care (Nursing Home).

\_\_\_\_\_ 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 hospitalized, ill or physically disabled.

\_\_\_\_\_ I am a candidate. \_\_\_\_\_ I am on jury duty in a state or federal court.

\_\_\_\_\_ I am serving as an election official or a member or employee of the election commission on Election Day.

\_\_\_\_\_ I am observing a religious holiday that prevents me from voting early or on Election Day.

\_\_\_\_\_ I have a Commercial Drivers License (CDL) (or I am the spouse of a person possessing a CDL) or I have a Transportation Worker Identification Credential (TWIC), will be out of county during the open hours of 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 TWIC card.

**The CDL # is** \_\_\_\_\_

**8) SIGNATURE OF VOTER** \_\_\_\_\_

If voter is unable to sign their name, or receives assistance with this form, the person assisting must also sign their name and address.

\_\_\_\_\_  
Name and address of person assisting (If applicable)