

I REQUEST AN ABSENTEE BALLOT FROM THE DAVIDSON COUNTY ELECTION COMMISSION FOR
Special Election, Council District 29
Tuesday, February 12, 2019

1. Print Name: _____ 2. Phone #: _____

3. Davidson Co. address where you live: _____
 _____ Check if New Address

4. Mail my absentee ballot to this address. (Please Print): _____

5. Date of Birth: _____ 6. ENTIRE Social Security #: _____ - _____ - _____

7. E-mail: _____

8. My legal reason for voting Absentee is (CHECK ONE):

- _____ I am over 60 years of age.
- _____ I will be outside of Davidson County during all hours of early voting (Jan 23–Feb 7) and Election Day.
- _____ I am enrolled as a full-time student (or spouse of a student) at an institution inside TN and outside Davidson 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 care, i.e. Nursing Home.
- _____ I am hospitalized, ill, or physically disabled, and 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 Driver’s License (CDL) or spouse or a person possessing a CDL or a Transportation Worker Identification Credential (TWIC), will be out of 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. The CDL# is _____.
- _____ I am a member of the military, spouse, or dependent, an activated National Guard member on state orders, overseas citizen and otherwise qualified to vote in Tennessee (must include mailing address outside county #4 even if ballot is emailed). Ballot sent by: Mail Email: email address _____

I swear or affirm, under the penalty of perjury, that all information on this form is true and correct and that I am eligible to vote in the election.

SIGNATURE OF VOTER: _____

Digital Signature NOT Accepted.....Original Signature REQUIRED

First day to receive is **11/27/18.**

Last day completed form must be received for processing by this office:

If voter cannot sign or if assistance is given the following is REQUIRED:

Signature **and** address of person assisting: _____

Signature **and** address of person witnessing: _____

Feb. 5, 2019

MAIL, FAX, OR E-MAIL (with a scanned signature) THIS INFORMATION TO:

ATTN: Absentee Department
 Davidson County Election Commission
 P.O. Box 650
 Nashville, TN 37202-0650
 Website: www.nashville.gov/vote

Absentee Dept. Fax: (615) 880-1729
 E-mail: moaballot@nashville.gov
 Voter registration: (615) 862-8800
 Absentee/Early Voting: (615) 862-8815
 TTY: 800-848-0298 or Relay: 711 