

**I request an ABSENTEE BALLOT from the DAVIDSON COUNTY ELECTION COMMISSION for:
Metropolitan General Election - Mayor, Vice Mayor, Council
Thursday, August 1, 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 number: _____-____-_____

7. Email address: _____

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 (**July 12-27**) and Election Day.
 - ____ I am enrolled as a full-time student or I am the spouse of a student at an institution outside Davidson County.
 - ____ 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 am a member of the military, spouse, or dependent ; an activated National Guard member on state orders ; an overseas citizen and otherwise qualified to vote in Tennessee (in item 4 above, must include mailing address outside Davidson County, **even if ballot is emailed**).
- Send ballot 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 5/3/19.

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: _____

July 25, 2019

Mail, Fax, OR Email (with a scanned signature) to:

**ATTN: Absentee Department
Davidson County Election Commission
P.O. Box 650
Nashville, TN 37202-0650**

For information:

**(615) 862-8815
TTY (800) 848-0298 or Relay 711
www.nashville.gov/vote**

Fax: (615) 880-1729

Email: moaballot@nashville.gov