



Application to Vote by Mail for the March 1, 2016 Primary Election

Complete the following information and sign at the bottom.

If you need to vote by mail and meet one of the criteria below, fill out this application and return to our office by mail or fax, no later than **February 23, 2016**.

Name: _____
 Street Address: _____
 City, State, Zip: _____
 SSN: _____ Date of Birth: _____
 Email Address: _____
 Phone: _____

FOR OFFICE USE ONLY	
Voter ID # _____	
PRECINCT: _____	PRIMARY: _____
BALLOT # _____	

Check Primary you wish to vote in. Primary must be declared to vote in this election: Republican Democratic
 My reason for requesting an absentee ballot is (check one):

- | | |
|---|--|
| <input type="checkbox"/> 60 years of age or older | <input type="checkbox"/> Hospitalization, sickness or physical disability |
| <input type="checkbox"/> Jury duty | <input type="checkbox"/> Caretaker of a hospitalized, ill or physically disabled person |
| <input type="checkbox"/> Candidate for office | <input type="checkbox"/> Religious holiday |
| <input type="checkbox"/> Election Official | <input type="checkbox"/> A person with a disability whose polling location is inaccessible |
| <input type="checkbox"/> Commercial truck driver: | |

CDL # _____

- I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act (must include mailing address outside county even if emailing ballot)

Ballot to be sent: By-Mail Email: email address _____

<p>If you mark one of the four reasons below, you must provide an out-of-county address.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Out of the county on Election Day <u>and</u> during all the days of Early Voting. <input type="checkbox"/> Student attending school outside of Anderson County. <input type="checkbox"/> Spouse of student attending school outside of Anderson County. <input type="checkbox"/> Resident of a Nursing Home outside of Anderson County. <p>Address where ballot is to be sent:</p> <p>Name: _____</p> <p>Street or PO Box: _____</p> <p>City, State and Zip _____</p>

I hereby declare that I wish to vote by mail, reside at the address listed on this application, have not previously voted in this election, nor will I attempt to vote at my polling place on Election Day. I understand that it is a felony to attempt to vote in an election in which I am not entitled.

X _____
 Signature of Voter Date

If voter is unable to sign their name or make a mark, the person assisting and one witness must also sign their names and provide their addresses.

X _____ **X** _____
 Name and address of person assisting Name and address of person witnessing