



ANDERSON COUNTY ELECTION COMMISSION

100 North Main Street, Room 207

Clinton, TN 37716-3683

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Mark Stephens, Administrator of Elections

Application to Vote by Mail for the November 6, 2018 State General & Municipal Elections

Complete the following information and sign at the bottom. Please note, If you registered by mail, you must vote in person the first time after registering.

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 October 30, 2018.

Name: _____

Anderson Co. Residential Address: _____

City, State, Zip: _____

SSN: _____ Date of Birth: _____

Email Address: _____

Phone: _____

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

Reason for requesting an absentee ballot and still in the County:

- 60 years of age or older
Jury duty
Candidate for office
Election Official
Commercial truck driver: CDL # _____
Hospitalization, sickness or physical disability
Caretaker of a hospitalized, ill or physically disabled person
Religious holiday
A person with a disability whose polling location is inaccessible

Out of the County:

- Out of the county on Election Day and during all the days of Early Voting.
Student attending school outside of Anderson County.
Spouse of student attending school outside of Anderson County.
Resident of a Nursing Home outside of Anderson County.

I am a voter covered under the Uniformed and Overseas Citizen Absentee Voting Act. **Must include mailing address outside county even if emailing ballot.
Member of the military, spouse, or dependent
An activated National Guard member on state orders
Overseas Citizen
Ballot to be sent:
By Mail
By Email: _____
**Email only for Military & Overseas Citizens

Mailing Address where ballot is to be sent:

Name: _____

Street or PO Box: _____

City, State and Zip: _____

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 (Digital Signature Not Accepted) 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