

BY-MAIL BALLOT REQUEST

May 1, 2018

FOR OFFICE USE ONLY

Voter ID Number _____

Precinct _____

NOTICE: A person who applies to vote absentee By Mail who is not entitled to do so commits a felony punishable by not less than two (2) years nor more than twelve (12) years imprisonment and may be fined up to \$5,000. The voter must request the ballot. It is a misdemeanor to distribute an unsolicited ballot request to the voter.

NO CO-P

NO CO-P

I, _____, reside at _____ and a resident of Bradley County, do hereby request an Absentee Ballot for the *(check ballot requested)*:

1. BRADLEY COUNTY REPUBLICAN PRIMARY
2. BRADLEY COUNTY DEMOCRATIC PRIMARY

CHECK YOUR REASON FOR VOTING ABSENTEE BELOW

3. I am presently staying at _____, (street address, city, state and zip) and do not expect to return to Bradley County during the early voting period or before the polls close
4. I am sixty (60) years of age or older.
5. I am enrolled as a full-time student (or am the spouse of a student) at _____ (name of college or university) which is inside Tennessee and outside the county where I am registered.
6. I am hospitalized, ill or physically disabled and because of such condition, I am unable to appear at my polling place for this election.
7. I am a caretaker of a hospitalized, ill or disabled person.
8. I am a candidate for office in the election for which I am applying to vote absentee by mail.
9. I will be serving as an election official or a member or employee of the election commission on election day.
10. I cannot appear during the early voting period or at my polling place because I will be observing a religious holiday.
11. I expect to be unable to appear during the early voting period or at my polling place on election day because I will be serving on jury duty in a state or federal court.
12. I am a handicapped voter whose polling place is inaccessible.
13. PERMANENT ABSENTEE VOTING REGISTER - I am unable to appear either at the election commission office or my polling place to vote because of hospitalization, sickness, or physical disability. (Must have a Doctor's Statement on file with our office.)
14. I have a CDL (or am the spouse of someone having a CDL) or have a TWIC and will be out of the county during Early Voting or Election day with no out-of-town address. Enclosed is a copy of my CDL or TWIC card. My DCDL number is _____.

Please send all Balloting Materials to:



15. Name _____
16. Mailing Address _____
17. City _____ State _____ Zip Code _____
18. This office may need to contact you, list your area code and phone number () -
19. _____ (Voter's Signature)
20. _____ (social security number)
21. _____ (date)

*** If voter is unable to sign their name, or received assistance with this form, the person assisting AND one witness must also sign their name and address.

22. _____ Name and address of person assisting
23. _____ Name and address of person witnessing

This form must be received in the office – **Jan 31st – April 24th** and may be hand delivered, emailed, mailed or faxed to the Bradley County Election Commission, 155 Broad Street NW, Cleveland, TN 37311
 Office #423-728-7115 Fax #423-728-7116 email to : mangel@bradleyelections.com or fgreen@bradleyelections.com