



Knox County Election Commission

APPLICATION FOR ABSENTEE BY MAIL BALLOT

Full Name: _____

Social Security Number: _____

Address of Permanent Residence: _____

Date of Birth: _____

I am requesting an absentee ballot for **City of Knoxville Primary Election** to be held on **August 29, 2017**. 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"/> A person with a disability whose polling place is inaccessible |
| <input type="checkbox"/> Election official | <input type="checkbox"/> Commercial driver working out of county. Driver license number here: _____ |
| <input type="checkbox"/> Religious holiday | |
| <input type="checkbox"/> Property Qualified | |

OR

If you mark one of the four reasons below, you **must** provide an out-of-county address.

Out of the county on Election Day and during all the days of early voting

Student attending school outside Knox County

Spouse of student attending school outside Knox County

Full-time resident of licensed nursing home, home for the aged or similar licensed institution providing relatively permanent domiciliary care, other than a penal institution, outside the voter's county of residence

Please provide your **out-of-county** address below:

Name: _____

Street: _____

City, State and Zip: _____

Signature: _____

Date: _____

This application must be received in the election commission office no later than August 22, 2017. You may return this form by mail to the address listed below, by fax to 865-215-4239, or by email to tammy.cole@knoxcounty.org