

Request for Absentee Ballot
(Please Complete ALL applicable fields)

_____-_____-_____
Voter's Social Security Number

Voter Name: _____
(As it appears on registrations) (Name)

Voter Street Address: _____
(As it appears on registration) (Street)

Voter Apt./Room./etc.: _____
(As it appears on registration) (Apt./Room/Etc.)

Voter City, State, Zip: _____
(As it appears on registration) (City, State, Zip)

Election Type/Party: _____
(Election Type/Party)

Reason for requesting an Absentee Ballot: (Please check one)

- Out of county (Tipton County)
- Full time student or the spouse of a full time student
- Hospitalization, sickness, or physical disability (may also be caretaker)
- Permanent absentee voter because of health (must have a doctor's statement)
- Juror in a federal or state court
- Observance of a religious holiday
- Candidate for office in the election
- 65 years of age or older

Address where ballot is to be sent:

Name: _____

Street: _____

Apt./Room/etc.: _____

City, State, Zip: _____

Voter's Signature: _____

Please Mail To or Fax:
Tipton County Election Commission
P.O. Box 456
Covington, Tn. 38019
901-476-0233 Fax