



Application to Vote by Mail

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 the 7th day before the election.

Name: _____

Street Address: _____

City, State, Zip: _____

SSN: _____ Date of Birth: _____

Check the Election(s) in which you wish to vote:

- General Election
- Democratic Primary
- Republican Primary
- Municipal Election
- Referendum

My reason for requesting an absentee ballot is (check one):

- 65 years of age or older
- Jury duty
- Candidate for office
- Election Official
- Commercial truck driver:
CDL Number _____
- 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

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 of Anderson County.
- Spouse of student attending school outside of Anderson County.
- Resident of a Nursing Home outside of Anderson County.

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 Date