

FOR ELECTION OFFICE USE ONLY

Last Name as registered:	First Name:	Ward/District	Voter Number:
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ABSENTEE BY-MAIL VOTING REQUEST

1. Print Name on Voter Registration: _____
2. Social Security # _____
3. Date of Birth: _____
4. Montgomery County Address: _____

5. Mail Ballot to Address: _____

6. Election/Election Date: _____
7. Primary Party Preference Democratic Republican
8. Voter Signature: _____

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

1. _____
Name and address of person assisting
2. _____
Name and address of person witnessing

REASON FOR VOTING ABSENTEE (Mark only one reason below)

- I am 65 years of age or older
- I will be outside the county during Early Voting and Election Day
- I am a student
- I am a voter with disabilities
- I am a caretaker
- I am a commercial driver and will be outside the county during Early Voting and Election Day (CDL # Required _____)

**This information can be submitted in the following manner:
hand delivered, mailed, faxed or emailed as a scanned document**

**Montgomery County Election Commission
P. O. Box 422, Clarksville, TN 37041**

- Phone (931) 648-5707 Fax (931) 553-5155 Email vote@montgomerycountyttn.org

If the election office has any questions about this request, please list a telephone number where the voter can be reached. Phone Number _____

IMPORTANT NOTE TO VOTER: This absentee ballot request is only a request. To have your vote count, you must submit this request, receive your absentee ballot, mark it, and return the ballot by mail to our office. Once a ballot has been issued, you can ONLY vote by mail.