

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS**

If you need help filling in this form please phone **01253 477161 / 477490**

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

3 Your Date of Birth

Day Month Year

4 Declaration

As far as I know, the details on this form are true and accurate. (You can be fined for making a false statement on this form.)

Signature: Keep within the border and use **BLACK INK**.

I cannot supply a signature because

Date:

5 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

6 For how long do you want a postal vote?

Until further notice

For election(s) on

Day Month Year

For election(s) until

Day Month Year

7 Address for postal ballot paper(s)

The following address if different from the address shown in part 1

Reason for sending ballot paper(s) to an alternative address

8 Have you had help completing this form?

Name and Address of helper

For office use only