Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Po Box 1066, Town Hall, Blackpool, FY1 9SD. If you need help filling in this form please phone (01253) 477161 or 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. **How long do you want a postal vote for?**

   I want to vote by post at all elections (choose only one of the following three options):

   Until further notice:

   For the Election(s) to be held on:

   For Election(s) until

4. **Have you had help completing this form?**

   Name of helper

   Address of helper

5. **Address for postal ballot paper(s)**

   My address where I’m registered to vote

   Or

   The following address

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

6. **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.)

   **Date of Birth**

   Signature or reasons unable to sign

   Please keep within the box and use **BLACK INK**.

   **Date of declaration**

   **For Office Use Only**