

Application To Vote By Post

Only one form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone

01775 761161

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

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

3 For how long do you want a postal vote?

Until further notice

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

4 Address for postal ballot paper(s)

My address where I'm registered to vote in part 1 above

or

The following address

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

5 Your 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 (e.g. 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Please SIGN in the box below using **BLACK** ink

Important – keep signature within the border

If you fail to do this, the application will not be valid.

Date of signing