

# POSTAL VOTE APPLICATION FORM

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01252 398824.

Please write in BLACK INK and BLOCK CAPITALS.

<b>1 Address where you are registered to vote</b>

<b>4 Address for postal ballot paper(s)</b>
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My address where I am registered to vote in part 1

or  
The following address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

<b>2 About you</b>
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First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

\_\_\_\_\_

<b>5 Your declaration</b>
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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"/>
D	D	M	M	Y	Y	Y	Y

(a) Until further notice

(b) For election(s) on the following date

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

(c) For election(s) between the following dates

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

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**Important – keep signature within the border**

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

Date of signing

\_\_\_\_\_