

# POSTAL VOTE APPLICATION FORM

Only ONE form per person. If you need help filling in this form please phone 01252 398824.  
Completed forms to be returned to: via post – Elections Office, Rushmoor Borough Council,  
Farnborough Road, Farnborough, Hampshire. GU14 7JU or a scanned clear copy to  
elections@rushmoor.gov.uk

Please write in DARK 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)

<b>3 For how long do you want a postal vote?</b>
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(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"/>	<input type="text"/>
Day	Month	Year			

Until 

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

<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

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

\_\_\_\_\_