

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 01843 577500

Please write in BLACK INK and use BLOCK LETTERS

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?

(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"/>
Day	Month	Year		

(c) For elections 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		

4. Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

5. Address for postal ballot paper(s)

My address where I am registered to vote in Part 1

or

The following address

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

6. 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"/>
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D D M M Y Y Y Y

Please SIGN in the box below using BLACK ink

Important - keep signature within the border.
If you fail to do this, this application may not be valid.
Date of signing
