Application to vote by post

Please complete this form in BLACK INK and BLOCK CAPITALS
If you need help filling in this form please call 01353 616460.

1 Your Name and Address

Email address (optional)

2 How long do you want a postal vote?

Until further notice ☐

For elections/referendums on:

D D M M Y Y Y Y

For elections/referendums until:

D D M M Y Y Y Y

3 Where should we send your postal vote?

The address where I am registered to vote (listed above), or ☐

the following address:

Reason for sending your postal vote to a different address

4 Your date of birth

Date of birth (for example 02 05 1965)

D D M M Y Y Y Y

5 Your signature and declaration

As far as I know, the details on this form are true and.accurate. I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to 2 years and/or a fine

Sign in the box below using BLACK ink
Important - please keep signature within the border

WAIVER

Date:

D D M M Y Y Y Y

5 Can't provide a signature?

I cannot provide a signature because:

Name and address of the person who helped you complete this form: