

FOR OFFICE USE	
POLLING DISTRICT	ELECTOR No.

APPLICATION TO VOTE BY POST

Only one person per form please. PLEASE USE BLOCK CAPITALS.

1. ABOUT YOU

Surname	First Names (in full)
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

Your address (where you are registered to vote)

Postcode

2. HOW LONG DO YOU WANT A POSTAL VOTE?

I want to vote by post at all elections (tick one box)

<input type="checkbox"/>	Until further notice		
<input type="checkbox"/>	For the election(s) held on	<input style="width: 60%;" type="text"/>	(date)
<input type="checkbox"/>	For the period from	<input style="width: 40%;" type="text"/>	to <input style="width: 40%;" type="text"/>
		(date)	(date)

3. ADDRESS FOR BALLOT PAPER

Please send my ballot paper to (tick one box)

<input type="checkbox"/>	My address where I am registered to vote (see Part 1 above)		
<input type="checkbox"/>	The following address		
<div style="text-align: right; margin-top: 5px;">Postcode</div>			

Ballot papers will be sent out one to two weeks before election day.

4. YOUR SIGNATURE

Each person has to fill in and sign their own form. The form will be returned to you if it is not signed.
It is an offence to make a false statement on this form - maximum fine £5000.

Signed	Date
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

In case we have a query, please give your daytime telephone number	Email Address
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

(You do not have to give these, but it helps us contact you if there is something unclear about your form)

Please return this form to:
 Electoral Registration Officer, **(ENTER ADDRESS HERE)**