

APPLICATION BY PROXY TO VOTE BY POST

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01609 767227 OR 767017.

Please write in BLACK INK and use BLOCK LETTERS

1. About you

Your Name (in full) _____

Your Address _____

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

Daytime or mobile telephone or email (Optional) _____

2. About the Elector

Elector's First Name(s) (in full) _____

Elector's Surname _____

Elector's Address _____

3. For how long do you want to vote by post as proxy?

(a) Until further notice

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

Day Month Year

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

From
Day Month Year

Until
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 as stated in Part 1
(opposite)

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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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
