

# 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 01803 861434.

Please write in BLACK INK and use BLOCK LETTERS



#EBARCODE#

## 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)

#ELECTORS.FORENAME#

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)

D D M M Y Y Y Y

Please SIGN in the box below using BLACK ink

[Large signature box]

Important - keep signature within the border.

If you fail to do this, this application may not be valid.

Date of signing