



Postal Vote Application Form

Name and Address:

Elector No (if known):

Please give your contact telephone numbers:

Home:

Work:

Mobile:

For how long do you want your postal vote?

a) Until further notice:-

b) For the election on the following date:-

Day

Month

Year

c) For elections between the following dates:-

Day

Month

Year

and

Day

Month

Year

At which elections do you want your postal vote?

All types of election

Local elections only

Parliamentary elections only

If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:

Address:.....

.....

.....

Reason:

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly within the borders of the boxes, using a **black pen**.

Your Signature: Please sign your normal signature within the box below, without crossing the shaded grey area, using a **black pen**.

Today's Date:/...../.....