



Postal Vote Application (for overseas voters)

Forename: _____
Surname: _____
Address: _____
Post Code: _____

Elector No (if known):
Please give your contact telephone numbers:
Home:
Work:
Mobile:

Which types of election do you wish to have a Postal Vote for ? (Please tick only 1 box)

All types of Election [] Local Elections Only [] Parliamentary Elections Only []

OR
Do you wish to have a Postal Vote for a limited period or a specific Election? If so, please state the date that you wish your Postal Vote to expire:.....

Please indicate if any of the conditions below apply, as you may not be required to provide a signature if you:

a) Have a disability that prevents you from signing..... []
b) Are unable to read or write..... []
c) Are unable to sign in a consistent and distinctive way because of a disability or inability..... []

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:

Please ensure that you have completed each section of this form correctly and then return it to:

Electoral Services
East Riding of Yorkshire Council
County Hall
Cross Street
Beverley
East Riding of Yorkshire
HU17 9BA

Or email: electoral.services@eastriding.gov.uk

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01482 393310
01482 393311
01482 393312
01482 393313

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.

[Large shaded signature box]

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