



EAST RIDING
OF YORKSHIRE COUNCIL

**Proxy Vote
Application
(on behalf of 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 Proxy Vote for ? (Please tick only 1 box)

All types of Election Local Elections Only Parliamentary Elections Only

OR

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

**Your
Proxy
Details**

Surname:..... Forenames:.....
Address:.....
.....
Post Code:..... Relationship to you (if any).....

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.....

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**.

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