

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Municipal Buildings, Glossop, Derbyshire, SK13 8AF. If you need help filling in this form please phone **0845 129 7777**.

## Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## About you

First name(s) (in full)

Surname

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

\_\_\_\_\_

## Your Date of Birth

Day		Month		Year	

## 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.)

**Signature:** Keep within the border and use **BLACK INK**.

I cannot supply a signature because

\_\_\_\_\_

**Date:**

\_\_\_\_\_

## Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

## For how long do you want a postal vote?

Until further notice

For election(s) on

Day		Month		Year			

For election(s) until

Day		Month		Year			

## Address for postal ballot paper(s)

My address where I'm registered to vote or

The following address

\_\_\_\_\_

\_\_\_\_\_

Reason for sending ballot paper(s) to an alternative address

\_\_\_\_\_

\_\_\_\_\_

## Have you had help completing this form?

Name and Address of helper

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only