

Application Form to Vote by Post (for all elections I am entitled to vote at)

Please duly complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Council Offices, Capswood, Oxford Road, Denham, Uxbridge, UB9 4LH.

If you need help filling in this form please phone **01895 837200**.

Registered Address

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 consistent signature because (state disability / illness).

Date: _____

For how long do you want a postal vote?

Permanent absent vote (until amended in writing)

For election(s) on

Day Month Year

For election(s) until

Day Month Year

Address for postal ballot paper(s)

My address (on the electoral register)

or

The following address

Reason for sending ballot paper(s) to an alternative address e.g. holiday, university etc.

Contact details (for queries only)

Phone Number:

Email address:

Have you had help completing this form?

Name, address & telephone number of helper

NOTES

All amendments need to be made in writing. You will need to complete a new form if your name changes e.g. by marriage, deed poll etc.

For office use only