

# 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