

▶ Application Form to Vote by Proxy for a particular election date

Please complete all sections – INCLUDING THOSE RELEVANT OVERLEAF - 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**.

Address where you are registered to vote

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s) (in full)

Surname

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

Proxy vote for which elections?

Your Proxy will vote on your behalf for all elections you are entitled to vote at.

The date of the election you want a proxy vote?

For elections(s) on:

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Day

Month

Year

Your Date of Birth

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Day

Month

Year

Reason for this application

Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy.

Sign within the border using BLACK INK

I cannot supply a signature because

Date:

If you asked someone to help you complete this form, please attach their name and address.

Contact details (for queries only)

Telephone Number

Email Address

Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy.

Signature:

Date:

For office use only

Please return your completed form to
Electoral Services
Council Offices, Capswood, Oxford Road,
Denham, Uxbridge, UB9 4LH