

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, York House Stable Block, Richmond Road, Twickenham, TW1 3AA. If you need help filling in this form please phone **020 8891 7775**.

Address where you are registered to vote

(Please insert address here)

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