

# Application Form for Proxy 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**.

## Your details as the proxy

## About the elector

First name(s) (in full)

Surname

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

## Your Date of Birth as the proxy

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

## Address for postal ballot paper(s)

The address shown above

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