

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Marmion House, Lichfield Street, Tamworth, Staffordshire, B79 7BZ. If you need help filling in this form please phone **01827 709262 / 709265**.

1. Address where you are registered to Vote

.....
.....
.....
.....
.....

2. About you

First name(s) (in full)

Surname

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

3. Contact Details

Telephone Number: _____

Email: _____

4. How long do you want a postal vote for?

I want to vote by post at all elections
(choose only one of the following three options):

Until further notice:

For the Election(s) to be held on:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

For Election(s) until

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

5. Have you had help completing this form?

Name of helper

Address of helper

6. 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

7. 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.)

Date of Birth

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

Signature or reasons unable to sign

Please keep within the box and use **BLACK INK**.

Date of declaration _____

For Office Use Only