

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Registration Department, Council Offices, Gernon Road, Letchworth Garden City, Hertfordshire, SG6 3JF. If you need help filling in this form please phone **01462 474000**.

## Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_