

Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Registration Department, Council Offices, Gernon Road, Letchworth Garden City, Hertfordshire, SG6 3HN. 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	

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

Signature: Keep within the border and use **BLACK INK**

I cannot supply a signature because

Date:

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For election(s) on

Day		Month		Year			

Reason for this application

Proxy's Declaration (optional)

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

Signature:

Date:

Have you had help completing this form?

Name and Address of helper

For office use only