

APPLICATION TO VOTE BY POST

Only one person per form please. If more forms are required, then contact the Electoral Services office on the number at the bottom of this form.

Please use BLOCK LETTERS.



No Info

1. About you

Surname _____ Forename _____

Your Current Registered Address _____

Your Address Now (if different) _____

2. For how long do you want a postal vote ?

I want to vote by post at elections (tick one box)

until further notice

For election(s) held on ___ / ___ / ___

For the period ___ / ___ / ___ to ___ / ___ / ___

3. At which elections do you want a postal vote ?

Please tick the appropriate box

All Elections Parliamentary Elections Local Elections

4. Address for ballot paper

Please send my ballot paper to (tick one box)

my address where I am registered to vote (see Part 1 above)

the following address

_____ Post Code _____

5. Your Signature

Each person has to sign their own form. The form will be returned if it is not signed. You can be fined for making a false statement on this form.

Signature _____ Dated _____ Telephone _____

(in case of query only)

For help on completing this form, please call (01249) 706595/6/7.

This form should be returned to : Electoral Registration Department, North Wiltshire District Council, Monkton Park, Chippenham, Wiltshire, SN15 1ER.