

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Civic Centre, Pavilion Road, West Bridgford, Nottingham, NG2 5FE. If you need help filling in this form please phone **0115 981 9911**.

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 Your Date of Birth

Day	Month	Year			

4 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:

5 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

6 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					

7 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

8 Have you had help completing this form?

Name and Address of helper

For office use only