

DECLARATION
Assisting an Elector with Absent Vote Application

I declare that _____ of _____
_____ is **unable** to
provide a consistent signature owing to

Please tick appropriate box

a disability

an inability to read or write

Your Signature _____

Name _____

Date _____ / _____ / 20

Note: It is an offence to provide false information to an Electoral Registration officer in connection with an application for a postal or proxy vote.

Please return within 7 days to:

New Forest District Council
Electoral Services
Appletree Court
Beaulieu Road
Lyndhurst
SO43 7PA

For Office Use