

APPLICATION FORM TO VOTE BY POST

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Appletree Court, Beaulieu Road, Lyndhurst, SO43 7PA. If you need help filling in this form please phone **023 8028 5445**.

1 Address where you are registered to vote

2 About you

First name (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

3 Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:

Day time phone No. _____
(optional)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

Email Address _____
(optional)