

## Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, The Arc, High Street, Clowne, Chesterfield, Derbys, S43 4JY. If you need help filling in this form please phone **01246 242435, 242422.**

Address where you are registered to vote

Postal vote for which elections

All elections you are entitled to vote at

### About you

First name(s) (in full)

Surname

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

### Your Date of Birth

Day Month Year

### 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:

### 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

### 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

### Have you had help completing this form?

Name and Address of helper

For office use only