

Ask For: Electoral Enquiries  
Direct Dial: 01246 242427/242435  
Email: [electoral.enquiries@bolsover.gov.uk](mailto:electoral.enquiries@bolsover.gov.uk)

The Arc  
High Street  
Clowne  
Derbyshire  
S43 4JY

## Register of Electors - Application to Vote by Post

If you wish to proceed with this application, please complete the form and return it to my office as soon as possible.



Yours sincerely,  
Daniel Swaine  
Electoral Registration Officer

### Privacy Statement

We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the Data Protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

The Electoral Registration Officer is the Data Controller. You should refer to the Privacy Notice at <http://www.bolsover.gov.uk/> for further information relating to the processing of personal data.



Tel 01246 242424 Fax 01246 242423 Minicom 01246 242450  
Email [enquiries@bolsover.gov.uk](mailto:enquiries@bolsover.gov.uk) Web [www.bolsover.gov.uk](http://www.bolsover.gov.uk)

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## Application Form to Vote by Post

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

### Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### About you

First name(s) (in full)

\_\_\_\_\_

Surname

\_\_\_\_\_

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

\_\_\_\_\_

### Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 (permanent postal vote)

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	

### 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime telephone Number (optional):

\_\_\_\_\_

For office use only