

Ask For: Electoral Enquiries
Direct Dial: 01246 242427/242435
Email: electoral.enquiries@bolsover.gov.uk

The Arc
High Street
Clowne
Derbyshire
S43 4JY

Register of Electors - Application to Vote by Proxy

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 Web www.bolsover.gov.uk

CUSTOMER
SERVICE
EXCELLENCE



Application Form to Vote by Proxy for a Particular Election

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

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s) (in full)

Surname

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

Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For election(s) on

Day

Month

Year

Your Date of Birth

Day

Month

Year

Reason for this application

Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

Signature:

Date:

Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

Signature: Keep within the border and use BLACK INK

I cannot supply a signature because

Have you had help completing this form?

Name and Address of helper

For office use only

Date: