

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Town Hall, Castle Circus, Torquay, TQ1 3DR. If you need help filling in this form please phone **01803 207171**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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. If you fail to do this the application will not be valid.**



I cannot supply a signature because

Date:

5 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

6 For how long do you want a postal vote?

Until further notice

OR For election(s) on

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

OR For election(s) until

<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 (listed in Part 1)

or

The following address*

* You must give a 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 -