

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, PO Box 503, Town Hall, Middlesbrough, TS1 9FX. If you need help filling in this form please phone **(01642) 729771**.

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

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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.**

TODAY'S DATE:

(Please include today's date here)

*I cannot supply a signature because:

Postal vote for which elections

- All elections you are entitled to vote at
- Local elections
- Parliamentary or Assembly elections

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 am 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 (if the applicant is unable to sign.)

For office use only