

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services Section, York House, 91 Granby Street, Leicester, LE1 6FB. If you need help filling in this form please phone **0116 454 2000**.

1. Address where you are registered to Vote

5. 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

2. About you

First name(s) (in full)

Surname

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

3. How long do you want a postal vote for?

I want to vote by post at all elections (choose only one of the following three options) :

Until further notice :

For the Election(s) to be held on:

				2	0		
D	D	M	M	Y	Y	Y	Y

For Election(s) until

				2	0		
D	D	M	M	Y	Y	Y	Y

4. Have you had help completing this form?

Name of helper

Address of helper

6. 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.)

Date of Birth

D	D	M	M	Y	Y	Y	Y

Signature or reasons unable to sign

Please keep within the box and use **BLACK INK**.

Date of declaration _____

For Office Use Only