

## Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to ELECTORAL SERVICES, TOWN HALL, CASTLEFIELD ROAD, REIGATE, SURREY, RH2 0SH. If you need help filling in this form please phone **01737 276794**.

### Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### About you

First name(s)

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Contact number or email address (optional)

### 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:**

### How long do you want a postal vote for?

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

Until further notice:

For election(s) and referendum(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) and referendum(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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_