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

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.

Have you had help completing this form?

Name and Address of helper

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:

Day Month Year

For election(s) and referendum(s) until

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

I cannot supply a signature because

Date: