

# Application Form to Vote by Post

Please complete in **BLACK INK** and return to Electoral Services, Council Offices, Southfield Road, Loughborough, Leicestershire, LE11 2TX. If you need help filling in this form please phone **01509 632593/4/5**.

## Address where you are registered to vote

## Postal vote for which elections

All elections you are entitled to vote at

## About you

First name in full & any other initials

Surname

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

## For how long do you want a postal vote?

Until further notice

For election(s) on

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

Month

Year

For election(s) until

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

Month

Year

## Address for postal ballot paper(s)

My address where I'm registered to vote or

The following address

## Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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**.

I cannot supply a signature because

Date:

## Have you had help completing this form?

Name and Address of helper

For office use only