



Application to Vote by Post

Only one person for each form. If you need help filling in this form please phone **(01827 719221)**. Please write in **BLACK INK** and **BLOCK CAPITALS**. Please return this form to Electoral Services, North Warwickshire Borough Council, The Council House, South Street, Atherstone, Warwickshire CV9 1DE

Address where you are registered to vote

Postal vote for which elections

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

About you

For how long do you want a postal vote?

First name(s) (in full)

Until further notice
For election(s) on

.....
Surname

Day		Month		Year			

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

For election(s) until

Day		Month		Year			

Your Date of Birth

Address for postal ballot paper(s)

Day		Month		Year			

My address where I'm registered to vote
or
The following address

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.)

Have you had help completing this form?

Signature: Keep within the border and use **BLACK INK**.

Name and Address of helper
.....
.....
.....
For office use only

I cannot supply a signature because

.....
Date.....

Daytime Telephone Number (in case of query)

.....