

Application to vote by post

Only **one** person for each form please. If more forms are needed, please contact 01992 564411.
Please fill in using **black** ink and **BLOCK LETTERS**.

1 About you

Surname

First name (in full) and middle initial

Date of birth

Day

Month

Year

Your address (where you are registered to vote)

2 How long do you want a postal vote for?

(Tick one box.)

I want to vote by post at all elections:

until further notice

for elections held on

(date)

for the period from

(date)

to (date)

3 Address for ballot paper

(Tick one box)

Please send my ballot paper to:

my address where I am registered to vote (see part 1 above)

the following address. (Please give the address in the box below. You must give a reason why you want your ballot paper to be sent to this address).

Postcode

Reason:

4 Your signature

Please sign your name in the box below using **black** ink.

You have to sign your own form unless you have a disability which means you either cannot sign or you cannot read and write. We will return the form if it is not signed or the declaration filled in. It is an offence to make a false statement on this form – you could be fined up to £5,000.

Your signature

Date

I cannot supply a signature because _____

Did you have help filling in this form? If you did, please give the name and address of your helper.

Please return to: Electoral Services, EFDC,
Civic Offices, High Street, Epping, CM16 4BZ

Helpline 01992 564411