

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS**. If you need help filling in this form, please telephone 01256 845264 for advice.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

3 Your Date of Birth

Day		Month		Year	

4 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

Today's Date:

5 For how long do you want a postal vote?

Until further notice

For a particular election on

Day		Month		Year			

For election(s) until

Day		Month		Year			

6 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

7 Have you had help completing this form?

Name and Address of helper

**Please return this form to:-
Electoral Services,
Basingstoke & Deane Borough Council,
FREEPOST BZ97/7, BASINGSTOKE. RG21 4GA
(Freepost is treated as 2nd class, you may wish to put a 1st class stamp on the envelope to ensure delivery on time if there is an election deadline)
or Fax to:- 01256 845200**