

Application by a proxy to vote by post

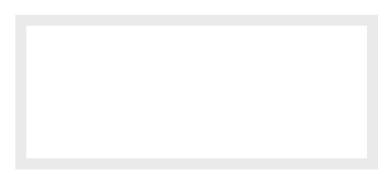
Please read the notes provided before completing this form. If you need help completing the form please contact the **Electoral Services Helpline** on **(0113) 2476726**. Please complete using **BLACK INK** and **BLOCK CAPITALS**.

| 1 | Ab | out | yoı | J | | | | | | | | |
|---|---|-------|-------|------|------|------|------|----|-----------------|--|--|--|
| Surname | | | | | | | | | | | | |
| First names (in full) | | | | | | | | | | | | |
| Your address | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Daytime telephone number (optional) | | | | | | | | | | | | |
| Email address (optional) | | | | | | | | | | | | |
| | Hov | w Io | na | do v | VOII | wa | nt a | no | stal proxy vote | | | |
| How long do you want a postal proxy vote for? | | | | | | | | | | | | |
| I want to vote by postal proxy: (tick one box only) | | | | | | | | | | | | |
| Until Further notice | | | | | | | | | | | | |
| | For the election(s) to be held on: (enter date) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | d | d | m | m | У | У | У | у | J | | | |
| | For the period from: (enter date) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | d T | d | m | m | У | у | У | у | • | | | |
| | 10: | (ente | er da | ate) | | | | | 1 | | | |
| | d | d | m | m | у | у | у | у | | | | |
| | At | wh | ich | ele | ctio | n(s) |) do | VO | u want a | | | |
| At which election(s) do you want a postal proxy vote? | | | | | | | | | | | | |
| Please tick the appropriate box: | | | | | | | | | | | | |
| All elections | | | | | | | | | | | | |
| | Parliamentary elections | | | | | | | | | | | |
| | Local elections | | | | | | | | | | | |

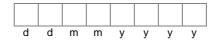
| Surnan | ne | | | |
|----------|--|--------------------|---------------|-----------|
| First na | ımes (in full) | | | |
| Elector | s address | | | |
| | | | | |
| 2 | ddress to wh e sent (if differe | | stal vote s | hould |
| Addres | S | | | |
| | | | | |
| | ot reasonably bottors allotted po | | | erson at |
| | | | | |
| 6 Y | our signature | and date | of birth | |
| format | write your dain the black box is 1 st December 1 | es below. <i>F</i> | or example if | your date |
| | | | | |
| | | | <u> </u> | |

4 About the elector (who you are acting as proxy for)

Please sign once in the box below using BLACK ink. IMPORTANT – Keep your signature within the grey border



Date of signing



Legal & Democratic Services, Electoral Services Section, Level 2, Town Hall, The Headrow, Leeds LS1 3AD