

Application to vote by proxy at a particular election – and for waiver of the requirement for a signature

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

1 About you

Surname

First names (in full)

Your address (where you are registered to vote)

Daytime telephone number (optional)

Email address (optional)

2 At which election do you want a proxy vote?

I want to vote by proxy at the election(s) held on:

d	d	m	m	y	y	y	y

3 Why do you want a proxy vote?

Please explain why you are not able to go to your polling station on the date given in part 2:

Please note – this application cancels any proxy voting arrangements you may have made before.

4 About your proxy

Full name

Relationship to you (if any)

Full address

5 Your date of birth and signature

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.

Please write your date of birth in DD MM YYYY format in the black boxes below. For example if your date of birth is 1st December 1975 you would enter 01 12 1975.

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6 Waiver

Please state reason for waiver of the requirement to provide a signature

Full name of person assisting you

Address of person assisting you

Signature of person assisting you

Date of signing

d	d	m	m	y	y	y	y