



Application to vote by post (and for waiver of the requirement for a signature)

If you need help completing this form please contact the **Electoral Services Helpline** on **(0113) 2224411**. 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 How long do you want a postal vote for?

I want to vote by post (tick one box only):

- Until Further notice
- For the election(s) to be held on (enter date)

d	d	m	m	y	y	y	y

- For the period from (enter date)

d	d	m	m	y	y	y	y

to (enter date)

d	d	m	m	y	y	y	y

3 At which election(s) do you want a postal vote?

Please tick the appropriate box:

- All elections
- Parliamentary elections
- Local elections

4 Address for ballot paper

You can have your postal ballot pack sent to your registered address (as given in part 1) or to a different address. However, if you would like your ballot paper sent to a different address, you must give a reason why.

Please send my postal ballot pack to (tick one box only):

- My address where I am registered to vote (see part 1)
- The following address:

Address

The reason I would like my postal ballot pack sent to this address, rather than my registered address is:

5 Your date of birth

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