

# Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Causeway House, Bocking End, Braintree, Essex, CM7 9HB. If you need help filling in this form please phone **01376 557751**.

## Address where you are registered to vote

## Postal vote for which elections

All elections you are entitled to vote at

## About you

First name(s) (in full)

Surname

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

## For how long do you want a postal vote?

Until further notice

For election(s) on

Day

Month

Year

For election(s) until

Day

Month

Year

## Address for postal ballot paper(s)

My address where I'm registered to vote or

The following address

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Reason for sending ballot paper(s) to an alternative address

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## Have you had help completing this form?

Name and Address of helper

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## Your Date of Birth

Day

Month

Year

## 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

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**Date:**

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