

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS**, scan and email to **postal.voting@testvalley.gov.uk** or post to Electoral Services, Beech Hurst, Weyhill Road, Andover, SP10 3AJ. If you need help filling in this form please phone 01264 368000.

Address where you are registered to vote

Postal vote for which elections

You will be issued a postal vote for all elections in which you are entitled to vote, unless you advise us otherwise.

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

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

Have you had help completing this form?

Name and Address of helper

For office use only

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: Must be in BLACK ink and within and not touching borders of box below

I cannot supply a signature because

Date:
