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|  | **Application Form to Vote by Post** |
|  | Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Breckland District Council, Elizabeth House, Walpole Loke, Dereham, Norfolk NR19 1EE |

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|  | **Address where you are registered to vote** |
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|  | **About you** |
|  | First name(s) (in full)SurnameTitle (Mr, Mrs, Ms, Miss, Dr, Other) |

|  |  |
| --- | --- |
|  | **For how long do you want a postal vote?** |
|  | Until further noticeFor election(s) on  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  | Year |  |
|  | For election(s) until |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  | Year |  |

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| --- | --- |
|  | For office use only |
|  |  |

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|  | **Your Date of Birth** |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  | Year |  |

|  |  |
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|  | **Have you had help completing this form?** |
|  | Name and Address of helper |

|  |  |
| --- | --- |
|  | **Address for postal ballot paper(s)** |
|  | My address where I’m registeredto voteOr the following addressReason for sending ballot paper(s) to an alternative address**Email address for queries/acknowledgment** |

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|  | **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 borderand use BLACK INK.** |
|  |  |
|  | I cannot supply a signature because**Date:** |

|  |  |
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|  | **Postal vote for which elections** |
|  | All elections you are entitled to vote atLocal electionsParliamentary elections |