

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to **Electoral Services, Council Offices, South Street, Rochford SS4 1BW**. Alternatively scan and email to **elections@rochford.gov.uk**. If you need help filling in this form please phone 01702 318187.

1 Address where you are registered to vote

5 How long do you want a postal vote for?

Until further notice

Or for election(s) on

Day

Month

Year

Or for election(s) until

Day

Month

Year

2 About you

First name(s) (in full)

Surname

3 Your Date of Birth

Day

Month

Year

4 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

Date:

6 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 this address, rather than my registered address:

7 Have you had help completing this form?

Name and Address of helper

