

Application Form for Proxy to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, The Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND. If you need help filling in this form please phone **0345 6789015**.

Your Details as the Proxy

About the Elector

First name(s) (in full)

Surname

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

Your Date of Birth as the Proxy

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Your 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:

For how long do you want a Postal Vote?

Until further notice

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

PLEASE NOTE: If you change your registration details, you will need to make a new application.

Address for Postal Ballot Paper(s) and Reason for Application, if an Alternative Address is used

The address where I'm registered to vote (*please tick box*)

OR

To 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