

APPLICATION TO VOTE BY POST

1. Your Details:

Surname

Forename(s)

Address

In case we have a query, please give a daytime telephone number or an e-mail address. You do not have to give this information but it will help us to contact you if there is a problem with the form

Daytime telephone number

e-mail address

2. How long do you want the postal vote for? (please tick box) but (See note 1 overleaf)

- All elections until further notice
- For a period from (start date).....to (end date).....
- For election(s) to be held on.....

3. Where do you want your postal vote sent? (See note 2 overleaf)

If you want your ballot papers sent to you at a different address please give the full address below, and you must state your reason for this request.

Address

.....

.....

Reason

.....

4. Your Date of Birth:

Please complete
all 8 boxes
IN BLACK INK
(see notes)

D	D	M	M	Y	Y	Y	Y

5. Your Signature:

Please sign
Inside the box
IN BLACK INK

6. Today's Date:

...../...../2011

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

1. Please state for how long you want a postal vote. Tick **one** box only in Part 2. Whilst you have a postal vote you will be sent a postal vote poll card before an election.
2. If you want your postal vote to be sent **to you** at a different address, please complete Part 3. You **must** give a reason to justify this request. The postal vote must be completed by you, no-one else can vote on your behalf. If you wish to appoint a proxy to vote on your behalf please contact the Electoral Services Office.
3. Please complete your date of birth in Part 4. **Use only a BLACK pen. Ensure that all eight date of birth boxes are filled, using zeros where necessary, e.g. 09 04 1983.**
4. Please sign your normal signature in the box in Part 5. **Use only a BLACK pen. Ensure that you do not sign over the grey box borders.**
5. If you are unable to give a signature because of injury or disability, please get in touch with the Electoral Registration Officer, whose contact details are printed below. In such circumstances, it may be possible to grant a waiver.
6. Please date the form with the date of completion in Part 6.
7. After completion, place the form in an envelope and return it by post to the address shown below. You will receive an acknowledgement of your application.
8. Please return this form as soon as possible – do not wait until the next election.
9. Postal votes are posted at least a week before polling day.
10. Should you wish to cancel a postal vote you must do so in writing to be received by 5pm on the 11th working day before an election in which you wish to vote in person.
11. Please note : if you have a postal vote you CANNOT vote in person at the polling station on polling day.
12. PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING ADDRESS:-

**Electoral Services
St Albans City & District Council
District Council Offices
Civic Centre
St Albans
Herts AL1 3JE**

Helplines:- (01727) 819291, 819294, 819545