



APPLICATION TO VOTE BY PROXY LONG TERM

1. ABOUT YOU

Surname

Other names in full

Address where you are registered to vote

Postcode

Telephone number

e-mail address

You do not have to give this information but it will help us to contact you in the event of a query

2. ABOUT YOUR PROXY

Surname

Other names in full

Relationship to you (if any)

Full Address

Postcode

Tick this box if you think your proxy may not be able to vote at your polling station and may wish to vote by post

3. FOR HOW LONG DO YOU WANT A PROXY VOTE

fill in whichever part applies

I wish to vote by proxy

At all elections whilst I am still at my present address (tick box)

Or at elections held on

Or at elections held between

and

PLEASE COMPLETE FORM OVERLEAF GIVING THE REASON FOR YOUR APPLICATION

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf. This application will cancel any proxy voting arrangements you may have made previously. As far as I know the details contained on this form are true and accurate

4. Your Date of Birth:

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

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Your Signature:

Please sign
Inside the box
IN BLACK INK

6. Today's Date:

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

Please complete whichever of parts A, B, C, D, E, F or G applies to you, including the other signatures where needed.

A I suffer from a **physical incapacity**, which is

Declaration in support

I confirm that to the best of my knowledge and belief the applicant is suffering from the incapacity stated above [for which I am treating him/her] [for which he/she is receiving care from me]; that he/she cannot reasonably be expected to go in person to his/her polling station or to vote unaided there; and that the incapacity is likely to continue [indefinitely] [for the period specified overleaf.]

Signed..... Name.....Date.....

Address.....

Qualification*.....

* This declaration must be made by a doctor, a registered nurse or Christian Science practitioner

B If the address at which you are registered is a **residential care home** or **sheltered housing** accommodation
Declaration in support please tick this box

Signed..... Name.....Date.....

Address.....

Position*.....

* A person is entitled to make this declaration who is (1) A resident warden of sheltered accommodation, or a head of home, or other person registered under Part 1 of the Registered Homes Act 1984 as carrying on a registered care home or (2) a person in charge of local authority residential accommodation.

C I am registered as a blind person by the Council

D I receive the higher rate of the mobility component of the disability living allowance, because of a physical incapacity. This incapacity is

E *I am] *[my husband/wife] is *[employed by]
*[attending an educational course at]
cross out whichever does not apply

describe job or type of course

and I cannot reasonably be expected to go to my polling station to vote because (give reason)

Declaration in support†

Signed..... Name.....Date.....

Address.....

Position.....

† This must be signed by a person authorised to sign on behalf of the employer or educational institution concerned.

F I am / my husband/wife is self employed as (describe job)

And I cannot reasonably be expected to go to my polling station because (give reason)

Declaration in support

I am over 18, know the applicant and certify that to the best of my knowledge and belief the statement above is true.

I am not related to him/her.

Signed..... Name.....Date.....

G I cannot reasonably be expected to go to my polling station to vote
because it would involve a journey by sea or air (tick box if this applies)

Please return this form to:
Electoral Services
St Albans District Council
Civic Centre, St Peter's Street
St Albans AL1 3JE

If you require any help in completing this form, please contact Electoral Services on the following helpline numbers

(01727) 819291, 819294 or 819545