



Postal Vote Application

FOR OFFICE USE ONLY

Elector No:

Applicants Name:

Address:

Please give your contact telephone numbers:

Home:

Work:

Mobile:

Which types of election do you wish to have a Permanent Postal Vote for ? (Please tick only 1 box )

All types of Election [ ] Local Elections Only [ ] Parliamentary Elections Only [ ]

OR

Do you wish to have a Postal Vote for a limited period or a specific Election? If so, please state either the date that you wish your Postal Vote to expire or the date of the election:.....

If any of the following conditions shown below apply, you may not be required to provide a signature. Please ring the office for further advice on 01883 732716, if you:

- a) Have a disability that prevents you from signing..... [ ]
b) Are unable to read or write..... [ ]
c) Are unable to sign in a consistent and distinctive way because of a disability or inability..... [ ]

If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:

Address: .....

Reason: .....

Please ensure that you have completed each section of this form correctly and then return it to:

Tandridge District Council, Electoral Services
Council Offices, Station Road East
Oxted, Surrey RH8 0BT

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01883 732716

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly within the borders of the boxes, using a black pen.

Grid of boxes for date of birth: DD MM YYYY

Your Signature: Please sign your normal signature within the box below, without crossing the shaded grey area, using a black pen.

Large shaded box for signature

Today's Date: ...../...../.....