

# Application Form to Vote by Post with Waiver details

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Elections Team, Wyre Forest House, Finepoint Way, Kidderminster, DY11 7WF. If you need help filling in this form please phone **01562 732928**.

## Address where you are registered to vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## About you

First name(s) (in full)

Surname

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

\_\_\_\_\_

## Your Date of Birth

Day		Month		Year	

## 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)*

**Please sign below and keep within border**

## Waiver request

I cannot supply a signature because

Name of helper

Address of helper:

\_\_\_\_\_

## Postal vote for which elections

All elections you are entitled to vote at

**OR**

Local elections only

Parliamentary elections only

## For how long do you want a postal vote?

Until further notice (5 years)

Temporary until

Day		Month		Year			

## Address for postal ballot paper(s)

My address where I'm registered to vote

**OR** the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a reason for sending ballot paper(s) to this alternative address:

\_\_\_\_\_

\_\_\_\_\_

## Date of Application

Day		Month		Year			

For office use only