

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Ashfield District Council, Council Offices, Urban Road, Kirkby-in-Ashfield, Nottingham, NG17 8DA. If you need help filling in this form please phone **01623 457321**.

Address where you are registered to vote

For how long do you want a postal vote?

Until further notice

For election(s) on

Day

Month

Year

About you

First name(s) (in full)

Surname

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

For election(s) until

Day

Month

Year

Address for postal ballot paper(s)

My address where I'm registered to vote

or

The following address

Reason for sending ballot paper(s) to an alternative address

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.)

Signature: Keep within the border and use BLACK INK.

I cannot supply a signature because

Date:

Have you had help completing this form?

Name and Address of helper
