

Application to vote by post

Only **one** form per person.

Please read the notes carefully before completing this form.

If you need help filling in this form please phone **020 8770 4179**

or email electoralservices@sutton.gov.uk

Please write in **BLACK INK** and **BLOCK CAPITALS**

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

3 For how long do you want a postal vote?

(a) Until further notice

(b) For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

(c) Until (add end date)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Please return to:

Electoral Services Office

Civic Offices, St Nicholas Way

Sutton, SM1 1EA

4 Address for postal ballot paper(s)

My address where I'm registered to vote in part 1 above

or

The following address

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

5 Your 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.

Date of birth (e.g. 02 05 1965)

Day		Month		Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please **SIGN** in the box below using **BLACK** ink

Important – keep signature within the border

If you fail to do this, the application will not be valid.

Date of signing: _____