

London Borough of Sutton

Application for Proxy to vote by Post

Only one form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone **020 8770 4179**. Please write in **BLACK INK** and **BLOCK CAPITALS**.

1 About you

Your name (proxy) (in full)

Your Address (proxy):

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

Daytime or mobile telephone or email (Optional)

2 About the elector

Elector's First name(s) (in full)

Elector's Surname

Elector's Address

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)

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Day

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Month

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Year

Important – keep signature within the border

Please SIGN in the box below using BLACK ink

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

Date of signing

3 For how long do you want a postal vote?

(a) Until further notice

(b) For elections on the following date

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Day

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Month

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Year

Please return to:
Electoral Services Office
Civic Offices
St Nicholas Way
Sutton
SM1 1EA