

Application to vote by post

Only **one** person for each form please. If more forms are needed, please photocopy or contact Electoral Services on 01992 564022 or 564023.

Please use BLOCK LETTERS.

1 About you

Surname

First name (in full) and initial of second name (if any)

Your address (where you are registered to vote)

Postcode

2 How long do you want a postal vote for? (Tick one box.)

I want to vote by post at all elections:

until further notice

for elections held on

for the period from to

3 Address for ballot paper (Tick one box.)

Please send my ballot paper to:

my address where I am registered to vote (see part 1 above)

the following address. (Please give the address in the box below. You must give a reason why you want your ballot paper to be sent to this address.)

Postcode

Reason:

4 Your signature

Each person has to sign their own form. We will return the form if it is not signed.
It is an offence to make a false statement on this form - you could be fined up to £5000.

Signed

Date

In case we have a query, please give a:

daytime phone number

e-mail address

(You do not have to give these, but it helps us contact you if there is something unclear about your form)

**Please return to: Electoral Services, EFDC
Civic Offices, High Street, Epping, CM16 4BZ**

Helpline 01992 564022 or 564023

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**Have your say-
your vote counts**

Use your vote!

