

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 **01202 451123**. Please write in **BLACK PEN** and **BLOCK CAPITALS**.

1 Address where you are registered to vote

5 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

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

6 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) – all boxes must be filled

D	D	M	M	1	9	Y	Y
---	---	---	---	---	---	---	---

Day

Month

Year

Please SIGN in the box below using BLACK pen
IMPORTANT – keep signature within the border
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?

Until further notice

For election(s) on

Day		Month		Year			

For election(s) until

Day		Month		Year			

4 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For Office Use PD:	Elector no:
--------------------	-------------

APPLICATION TO VOTE BY POST

Section 1 - Address where you are registered to vote

Complete with your address where you are registered to vote, please include flat number where applicable.

Section 2 - About you

Complete with your details first name(s) in full, Surname, Title and contact number (optional) only used if there is a query with this application and it will not be kept on record.

Section 3 - For how long do you want a postal vote?

You need to decide if you wish to have a postal vote:

- For all elections until further notice
- For elections that you already know will be held on a particular date:
- For all elections held between two dates (you may be on holiday or otherwise unable to vote in person at a polling station between these dates).

Section 4 - Postal vote for which elections

Please select which election(s) you require a postal vote for.

Section 5 - Address for postal ballot paper(s)

Address for ballot paper, if you will be away from home, then you can choose to have your ballot papers sent to an address other than the one shown in Section 1.

Section 6 - Your declaration

YOU MUST ENTER YOUR DATE OF BIRTH AND SIGNATURE, IN THE BOXES PROVIDED ON THE FORM OTHERWISE THE POSTAL APPLICATION WILL BE RETURNED TO YOU. PLEASE ALSO ENTER THE DATE OF SIGNING.

Please return the completed form to:

Freepost Plus RLXC-XUYG-JYXX
Electoral Registration Officer
Bournemouth Borough Council
Town Hall
Bournemouth
BH2 6DY

PLEASE DO NOT FORGET TO REGISTER AT YOUR NEW ADDRESS IF YOU MOVE HOUSE.