

# Application for Proxy to vote by Post



Only **one** person per form please. If more forms are needed, please photocopy, contact Electoral Services on 020 8753 4466 or visit the website [www.lbhf.gov.uk](http://www.lbhf.gov.uk)  
Please write in **BLACK INK** and **BLOCK CAPITALS**

## 1 About you

Your name (in full)

Your Address:

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

## 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

(c) For elections between the following dates

From

--	--	--	--	--	--

Day Month Year

Until

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Day Month Year

## 4 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary

## 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

## 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)

Day

Month

Year

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Please SIGN in the box below using BLACK ink

Important – keep signature within the border

Date of signing

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