

London Borough of Hammersmith & Fulham

Electoral Services

Hammersmith Town Hall, King Street, London, W6 9JU

Tel: 020 8753 4466

Email: electoral.services@lbhf.gov.uk

Web: www.lbhf.gov.uk



Please complete the attached form and return your application to:

Freepost RTKR-KRYU-LCEY
Electoral Services
London Borough of Hammersmith and Fulham
Town Hall
King Street
London
W6 9JU

All completed forms can be returned to us via email
(electoral.servicesadmin@lbhf.gov.uk) or post.

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
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

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

(c) For elections between the following dates

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

4 Postal vote for which elections

All elections you are entitled to vote at

5 Address for postal ballot paper(s)

My address in part 1

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please SIGN in the box below using BLACK ink

Important – keep signature within the border

Date of signing

