

Application Form for Proxy to Vote by Post

POSTAL/PROXY

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Dorset Council, South Walks House, South Walks Road, Dorchester, Dorset, DT1 1XJ or email it to elections@dorsetcouncil.gov.uk.

1 Your details as the proxy

5 Postal vote for which elections

All elections you are entitled to vote at

2 About the elector

First name(s) (in full)

Surname

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

Address

6 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

7 Address for postal ballot paper(s)

The address shown above

or

The following address

Reason for sending ballot paper(s) to an alternative address

8 Have you had help completing this form?

Name and Address of helper

For office use only

3 Your Date of Birth as the proxy

Day

Month

Year

4 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.)

Signature: Keep within the border and use BLACK INK.

I cannot supply a signature because

Date:

POSTAL PROXY