



DECLARATION BY PERSON REQUESTING REPLACEMENT BALLOT PAPER BE POSTED

Return your completed form to ECQ:

Fax: (07) 3036 5778

Email: cpvgeneral@ecq.qld.gov.au

Post: GPO Box 1393 Brisbane QLD 4001

1. ELECTOR TO COMPLETE *(Please print clearly)*

I DOB...../...../.....
(Given name(s) and Surname)

.....
(Enrolled Address) (Postcode)

☒ **Please tick one box**

declare that I have — ☐ accidentally defaced/destroyed the ballot paper given to me in this election *or*

☐ not received a ballot paper in this election

and I have not already voted in this election.

Signature of Elector	
Signature of Adult Witness	
Date	
Phone Number	
Email	
Address to which voting material should be sent	
	(Postcode)

If you have any further enquiries please phone the Electoral Commission of Queensland on 1300 881 665