APPLICATION TO VOTE BY POST

*Please note – each person must fill out a separate application and sign it themselves. It is an offence to make a false statement on this form.

Walsall Council

(Electoral Registration Office)

1. About you – Please insert your name and address (if not already pre-printed)	
	Daytime contact number (in case of any query)

2. How long do you want a postal vote for (tick one option only)?
☐ **All elections until further notice**
☐ **For the election held on** _____
☐ **For the period from** _____ to _____

3. At which elections do you want a postal vote (tick one option only)?
☐ **For ALL elections**
☐ **For parliamentary elections only**
☐ **For local council elections only**

4. Address for ballot paper to be sent if different to that above	**Reason why you want your ballot paper sent to an address that is different to that above**
Post code:	

		Date	Month	Year
Your Date of Birth (please complete all **8** boxes and in black ink) **eg: 01 05 1948**		☐☐	☐☐	☐☐☐☐
Your Signature (please sign **centrally inside** the box and in black ink)				
Today's Date: _____/_____/20_____				