Application Form to Vote by Post

Please complete and return via email to elections@s-norfolk.gov.uk or alternatively, post to Electoral Services, South Norfolk House, Cygnet Court, Long Stratton, NR15 2XE

Address where you are registered to vote

____________________________________

____________________________________

____________________________________

About you

First name(s) (in full)

____________________________________

Surname

____________________________________

Email address for acknowledgement

____________________________________

Your Date of Birth

Day  Month  Year

Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

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

Address for postal ballot paper(s)

My address where I’m registered to vote

Or the following address

____________________________________

____________________________________

____________________________________

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

____________________________________

____________________________________

 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: Must be an original and be kept within the border

____________________________________

I cannot supply a signature because

If you are unable to sign please ask a supporter to complete the Waiver Declaration section of this form

Waiver declaration

Name and Address of supporter

____________________________________

____________________________________

____________________________________

Signature of Supporter:____________________________________

Date:____________________________________