

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	

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

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

Waiver declaration

Name and Address of supporter

Signature of Supporter: _____

Date: _____