

# Application Form to Vote by Proxy for a Particular Election or Referendum

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services Unit, FREEPOST RTLH-LSAG-HASX, City Offices, Colebrook Street, WINCHESTER, SO23 9ZZ. If you need help filling in this form please phone **01962 848125**.

## Address where you are registered to vote

## Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

## About you

First name(s) (in full)

Surname

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

## At which election(s) and referendum(s) do you want a proxy vote?

I want to vote by proxy at the election(s) and referendum(s) on:

## Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

## Reason for this application

## Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

**Signature:** Keep within the border and use **BLACK INK**

I cannot supply a signature because

**Date:**

## Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

**Signature:**

**Date:**

## Have you had help completing this form?

Name and Address of helper

For office use only