

# Application to vote by post

**Only one person can apply to vote by post using this form**

Please write in black ink and use CAPITAL LETTERS. When you have completed every section and signed the form yourself send it to **Richmondshire District Council, Electoral Team, Mercury House, Station Road, Richmond DL10 4JX** Email: [er.elections@richmondshire.gov.uk](mailto:er.elections@richmondshire.gov.uk) Tel: **01748 829100**

## 1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

  
 .....  
 .....  
 .....  
 Postcode

Phone number (optional)

Email (optional)

  
 .....

Providing an email and phone number gives a quick and easy way to contact you about your application.

## 2 How long do you want a postal vote for?

I want to vote by post (tick one box only):

until further notice (permanent postal vote)

for the elections/referendums to be held on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D	D	M	M	Y	Y	Y	Y

for the period

from

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D	D	M	M	Y	Y	Y	Y

to

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D	D	M	M	Y	Y	Y	Y

## 3 Address for ballot paper (only required if different to the address where you are registered to vote)

Please send my ballot paper to (address):

  
 .....  
 .....  
 .....  
 Postcode

The reason I would like my ballot paper sent to this address, rather than my registered address is:

  
 .....

## 4 Your date of birth and declaration

**Declaration:** As far as I know, the details on this form are true and accurate.

I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to two years and/or a fine.

**Date of birth:** Please write your date of birth in the boxes below using black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**Signature:** Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your local electoral registration office.

## 5 Date of application

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
D	D	M	M	Y	Y	Y	Y