# **Richmondshire District Council**

# 'Emergency' Application to vote by proxy

6

Please use black ink and BLOCK CAPITALS.

#### Address where you are registered to vote

Please read all notes before completing this form.

#### 5 Reason for application

Please give your incapacity, occupation, service, or employment (if this prevents you personally attending the polling station):

Please give the date and time this happened:

#### About you

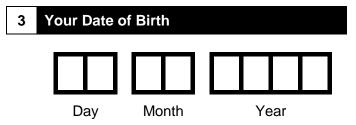
Please complete your name(s) in full

First name(s):

Surname:

1

2



4 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

Proxy vote for which elections? All elections you are entitled to vote at Local elections Parliamentary or Referendums For election(s) on



#### 7 Proxy declaration

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

Proxy's signature:

Date:

Day / Month / Year

### 8 Proxy details

Please complete your proxy's details as fully as possible

Name:

Address:

Date:

Family relationship (if any):

Emergency App	lication to vote by proxy
9 Support for this application	10 Supporter's declaration
To be completed by the Supporter as fully as possible	<ul> <li>I am properly qualified to support this application.</li> <li>I am treating the applicant for the incapacity,</li> </ul>
Name of Support:	or the person is receiving care from me in respect of that incapacity.
Address of Support:	<ul> <li>* The person cannot reasonably be expected to go in person to the allotted polling station or to vote unaided there by reason of their incapacity/employment/service/occupation.</li> <li>* The information is true to the best of my knowledge and belief and the person's inability to vote in person occurred on the date I entered in section 9.</li> </ul>
Qualification of support:	Supporter's signature:
Date of elector's incapacity/circumstance preventing voting: Day / Month / Year	Date: Day / Month / Year
Please return this form to	For Office Use Only
Where to send your completed application	Please do not write in the space below

**Richmondshire District Council** Mercury House Station Road Richmond **DL10 4JX** 

### Notes

This application must only be used if you became physically incapacitated or will be absent in relation to occupation, employment or service, and are applying after 5pm on the sixth day before the particular poll date entered in section 5.

- Section 1 Your address on the Register of Electors
- Section 2 Your first name(s) and surname
- Section 3 Your date of birth - if not completed, an absent vote cannot be granted
- Section 4 You must sign and date this section otherwise your application will be rejected
- Section 5 Give the details of your physical incapacity
- Section 6 The date of the election for which you are applying
- Section 7 Your proxy may sign this section but the proxy application can be allowed without
- Section 8 Name and address of your appointed proxy, along with your family relationship to your proxy, if applicable
- Section 9 To be completed by a registered medical practitioner, a registered nurse, a registered dentist, a registered dispensing optician or optometrist, a registered chiropractor, a person registered under the Health Professions Order 2001 or Christian science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application. For occupation, service or employment reasons by your employer (or delegated employee); if self-employed by someone who knows but is not related to you. Your supporter must sign and date this section otherwise the application will be rejected

#### Section 10

- The person you wish to appoint as your proxy can only act as proxy if they are 18 or over and they are (or will be) registered individually for that election or referendum.
- A person may not act as proxy for more than two electors, including you, unless s/he is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter