

APPLICATION FORM TO VOTE BY PROXY FOR A PARTICULAR ELECTION

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Appletree Court, Beaulieu Road, Lyndhurst, SO43 7PA. If you need help filling in this form please phone **023 8028 5445**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

3 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	

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

Date:

5 Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

6 Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For election(s) on

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

7 Reason for this application

8 Proxy's Declaration (optional)

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

Signature:

Date:

9 Have you had help completing this form?

Name and Address of helper

For office use only

Telephone Number (optional)

Email Address (optional)