

Wycombe District Council - Application To Vote By Post

Household ref:

1. Your name & address

2. Address for postal ballot paper(s)

If you wish us to send your ballot paper to you at the address in box 1, please tick this box.

If you wish us to send your ballot paper to a different address, please enter the address below and give us a brief reason why

Address:

Reason:

3. For how long do you want a postal vote? Your application will apply until further notice unless you specify otherwise below

For specific election(s) held on

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

Month

Year

For election(s) until

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

Month

Year

This box for office use only

Date processed:

Inits:

Only one form per person please. If you need help filling in this form, please ring us on 01494 421223 or email us on elections@wycombe.gov.uk

Please use BLACK INK and BLOCK CAPITALS. Then return to Wycombe District Council, Queen Victoria Road, High Wycombe HP11 1BB

4. Postal vote for which elections?

Your application will apply to all types of election unless you specify otherwise below

Local elections only

Parliamentary elections only

<input type="checkbox"/>	<input type="checkbox"/>
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5. Your contact details

Please give a daytime telephone no. or email address in case we need to ask you about this form

6. Your declaration (it is an offence to make a false statement on this form).

I confirm that the details on this form are true and accurate.

Date of birth (e.g. 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please SIGN in the box below using BLACK ink. Please keep your signature within the border or the application may be invalid.

Date of signing: / /