

# Application Form for Proxy to Vote by Post – Salisbury District Council

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Democratic Services Unit, Salisbury District Council, PO Box 2117, Salisbury, SP2 2DS. If you need help filling in this form please phone **01722 434665/254**.

## Your details as the proxy

## About the elector

First name(s) (in full)

Surname

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

## Your Date of Birth as the proxy

Day Month Year

## Declaration

As far as I know, the details on this form are true and accurate. (You can be fined for making a false statement on this form.)

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

I cannot supply a signature because

Date:

## Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

## For how long do you want a postal vote?

Until further notice

For election(s) on

Day Month Year

For election(s) until

Day Month Year

## Address for postal ballot paper(s)

The address shown above

or

The following address

\_\_\_\_\_  
\_\_\_\_\_

Reason for sending ballot paper(s) to an alternative address

\_\_\_\_\_  
\_\_\_\_\_

## Have you had help completing this form?

Name and Address of helper

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only