

Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, Wiltshire BA14 8JN. If you need help filling in this form please phone 0300 456 0112

Address where you are registered to vote

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s) (in full)

Surname

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

Proxy vote for which elections?

All elections you are entitled to vote at
If you require a proxy vote for a specific election type, ie Local only or Parliamentary Only, please contact Electoral Registration Services.

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"/>
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Day

Month

Year

Your Date of Birth

<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

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: (must be signed by the elector only) Keep within the border and use **BLACK INK**.

I cannot supply a signature because of:

- disability
- inability to write

Date:

Tel No (optional):

Reason for this application

Proxy's Declaration (optional)

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

Signature:

Date:

Have you had help completing this form?

Name and Address of helper