Application form for proxy to vote by post

Use this form if you have been appointed as a proxy and wish to vote by post on the electors behalf. (The elector must have completed a proxy application form to appoint you first)

Your details as the proxy		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		
					About the elector		For election(s) on		
First name(s) (in full)								
		Day	Month	Year					
Surname		For election(s) until							
Title (Mr, Mrs, Ms, Miss, Dr, Other)									
itie (ivii, ivii.	5, IVIS, IVIISS, DI, Ottier)	Day	Month	Year					
		Address fo	r postal ballot	paper(s)					
Your date of birth as the proxy		The address shown above							
·		or							
		The following	address						
Day	Month Year								
·									
Declaration As far as I k	now, the details on this form are	Reason for so	ending ballot pa Idress	aper(s) to an					
rue and ac	curate. (You can be fined for se statement on this form.)								
Signature:	(Proxy must sign this form)								
	Keep within the border and use a Black Pen.	Have you b	ad help compl	eting this form?					
		nave you n	Have you had help completing this form?						
		Name and A	Address of helpe	er					
cannot sup	ply a signature because of:								
☐ disab	, , ,								
☐ inability to write		Please complete in black ink and return to Wiltshire Council, Electoral Services, County Hall, Bythesea Road, Trowbridge, Wiltshire, BA14 8JN. If you need help filling in this form please phone 0300 456 0112							
Date:									
Tel No (optional):									