

# Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to **Electoral Services, Council Offices, South Street, Rochford SS4 1BW**. Alternatively scan and email to **elections@rochford.gov.uk**. If you need help filling in this form please phone 01702 318187.

## 1 Address where you are registered to vote

## 5 How long do you want a postal vote for?

Until further notice

Or for election(s) on

Day

Month

Year

Or for election(s) until

Day

Month

Year

## 6 Address for postal ballot paper(s)

My address where I'm registered to vote  
or

The following address:

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Reason for sending ballot paper(s) to this address, rather than my registered address:

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## 7 Have you had help completing this form?

Name and Address of helper

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## 2 About you

First name(s) (in full)

Surname

## 3 Your Date of Birth

Day

Month

Year

## 4 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

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**Date:**

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