

# Application Form to Vote by Post

Application forms need to be printed out and filled in using BLACK INK.

Completed applications can be photographed or scanned and returned via email to [elections@westsuffolk.gov.uk](mailto:elections@westsuffolk.gov.uk). Alternatively, please return by post to Electoral Services, West Suffolk Council, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. If you need help filling in this form please phone **01284 757131**.

## Address where you are registered to vote

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## About you

**Your Name**

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**Email Address**

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**Telephone**

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Providing your contact details is optional but provides a quick and easy way for us to contact you about your application, electoral registration and elections taking place in your area.

## Your Date of Birth

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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

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**Date:**

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

All elections until further notice

For election(s) on

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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"/> |
| Day                  |                      | Month                |                      | Year                 |                      |

## Address for postal ballot paper(s)

My address where I'm registered to vote

The following address

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

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## Have you had help completing this form?

If yes, please detail the Name and Address of your helper below:

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