



Postal Vote Application

_____ _____ _____ _____	Elector No:
	Please give your contact details: Home: Work: Mobile: Email:

About your application:

Type of Vote: Permanent (For all elections which I am legally entitled to vote).

If you only require a temporary postal vote for limited period or a specific election, please say the date that you wish your postal vote to expire:

APPLICATION DEADLINE is 11 days excluding weekends and bank holidays before any election.

If you are not able to provide a signature please contact the Elections Office on 01827 709264/709265

If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:

Address:.....

Reason:.....

Please ensure that you have completed each section of this form correctly and then return it to:

**Electoral Registration Officer
 Tamworth Borough Council
 Marmion House
 Lichfield Street
 Tamworth
 Staffs
 B79 7BZ**

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01827 709264 / 709265

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly **within the borders** of the boxes, using a **black pen**.

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Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.

Today's Date:/...../.....