



Proxy Vote Application

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Elector No:</p> <hr/> <p>Please give your contact details:</p> <p>Home:</p> <p>Work:</p> <p>Mobile:</p> <p>Email:</p>
---	--

About your application:

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

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

APPLICATION DEADLINE is 6 days excluding weekends and bank holidays before any election.

Your Proxy Details	<p>Surname:..... Forenames:.....</p> <p>Address:.....</p> <p>.....</p> <p>Post Code:..... Relationship to you (if any).....</p>
---------------------------	--

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

<p>Please ensure that you have completed each section of this form correctly and then return it to:</p> <p>Electoral Registration Officer Tamworth Borough Council Marmion House Lichfield Street Tamworth Staffs B79 7BZ</p>	<p>If you have any questions regarding this form, please contact the Electoral Registration Office on:</p>
--	--

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**.

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

				1	9		
--	--	--	--	---	---	--	--