

# POSTAL VOTE APPLICATION FORM

Only ONE person per form please. If more forms are required or if you need help filling in this form, please telephone (0131) 344 2500.

Please write in BLACK INK and use BLOCK LETTERS

## 1. ADDRESS WHERE YOU ARE REGISTERED TO VOTE

.....  
.....  
.....  
.....

## 2. ABOUT YOU

First name(s) (in full)

.....  
Surname

.....  
Daytime or mobile telephone and e-mail  
(in case of query only)

.....  
.....

## 3. FOR HOW LONG DO YOU WANT A POSTAL VOTE?

(a) Until further notice

(b) For election(s) on the following date

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

(c) For elections between the following dates

<b>From</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		
<b>Until</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		

## 4. POSTAL VOTE FOR WHICH ELECTIONS?

All elections you are entitled to vote at

Local elections

Parliamentary elections

## 5. ADDRESS FOR POSTAL BALLOT PAPER(S)

My address where I am registered to vote in Part 1

or the following address

.....  
.....  
.....

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

.....  
.....

## 6. YOUR 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.*

Date of Birth (eg 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

D D M M Y Y Y Y

Please SIGN in the box below using BLACK ink

**Important – keep signature within the box**

*If you fail to do this, this application may not be valid.*

Dated     /     /

.....

THIS FORM SHOULD BE RETURNED TO:-

Lothian Valuation Joint Board, 17A South Gyle Crescent, Edinburgh, EH12 9FL

# HELPFUL INFORMATION

This is a legal document and your vote may depend on it.

## **PART 1 – ADDRESS WHERE YOU ARE REGISTERED TO VOTE**

Please give the address where you are registered. If you wish to check if you are registered please contact the helpline given on the form.

## **PART 2 – ABOUT YOU**

Please enter your name and contact details. Contact details are optional but are helpful if we need to contact you regarding your application. They will not be used or supplied for any other purpose.

## **PART 3 – HOW LONG DO YOU WANT A POSTAL VOTE?**

Your application to vote by post can be for an indefinite period, a particular election or a particular period. Please indicate your choice.

## **PART 4 – POSTAL VOTE FOR WHICH ELECTIONS?**

For all elections tick the first box.

## **PART 5 – ADDRESS FOR POSTAL BALLOT PAPER(S)**

Please tick the box if you wish your ballot papers to be sent to the address you are registered to vote in Part 1.

If you will be away from home, then you can choose to have your ballot papers sent to an address other than the one shown in Section 1. In this instance you must state a reason.

## **PART 6 – YOUR DECLARATION**

Please give your date of birth where requested and sign the form in the box.

**Applications for a postal proxy vote must be received NO LATER than 5.00pm on the ELEVENTH working day before the election.**

Postal ballot papers are issued at the earliest ten days before and the latest four days before date of the election.

If you need further help, please contact us on the telephone number noted below.

**Electoral Registration Officer, 17A South Gyle Crescent, Edinburgh EH12 9FL**

**HELPLINE ~ 0131 344 2500**

**Fax : 0131 344 2600**

**E-Mail : [enquiries@lothian-vjb.gov.uk](mailto:enquiries@lothian-vjb.gov.uk)**

**Visit our Website : [www.lothian-vjb.gov.uk](http://www.lothian-vjb.gov.uk)**