

Application Form to Vote by Proxy for a particular election date

Please complete all sections in BLACK INK and BLOCK CAPITALS and return to Electoral Registration (SBDC), PO Box 886, Amersham, HP6 9HS; or scan and return to elections@southbucks.gov.uk. If you need help filling in this form please phone 01895 837200.

Address where you are registered to vote

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Proxy vote for which elections?

Your Proxy will vote on your behalf for all elections you are entitled to vote at.

The date of the election you want a proxy vote?

For elections(s) on:

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

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	

Reason for this application

Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy.

Sign within the border using BLACK INK

I cannot supply a signature because

Date:

If you asked someone to help you complete this form, please attach their name and address.

Contact details (for queries only)

Telephone Number

Email Address

Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy.

Signature:

Date:

For office use only

