

Sheffield City Council

Application To Vote By Post

Only one form for each person. Please read the notes carefully before completing this form.
If you need help filling in this form please phone 0114 2734093

Please write in **BLACK INK** and **BLOCK CAPITALS**

1 Address where you are registered to vote

5 Address for postal ballot paper(s)

My address where I'm registered to vote in part 1 above or

The following address

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

2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

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 (e.g. 02 05 1965)

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Day

Month

Year

3 For how long do you want a postal vote?

Until further notice

For election(s) on

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Day Month Year

For election(s) until

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Day Month Year

4 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

SIGN in the box below using **BLACK** ink

Important – keep signature within the border

Date of signing

Please return to: Electoral Services, Town Hall, Surrey Street, Sheffield S1 2HY
Helpline: 0114 2734093