

London Borough of Hackney – Postal Vote Application Form

Please return to:
Electoral Services,
Town Hall, Mare Street,
London E8 1EA

Only one form for each person.

If you need help filling in this form please phone **020 8356 3233**.

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

or

The following address

Reason for sending 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 (e.g. 15 06 1965)

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Day

Month

Year

Please SIGN in the box below using BLACK ink

Important – keep signature within the border

If you fail to do this, the application will not be valid.

Date of signing

2 Your details

Surname

First name(s) (in full)

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

Daytime or mobile telephone or email (Optional)

3 For how long do you want a postal vote?

Until further notice

For one election only

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Day

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Month

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Year

For election(s) until

--	--

Day

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Month

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Year

4 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections