

# Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ. If you need help filling in this form please phone **01908 254706**.

## 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?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For election(s) on

Day

Month

Year

## Your Date of Birth

Day

Month

Year

## Reason for this application

## Proxy's Declaration (optional)

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

**Signature:**

**Date:**

## 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

**Signature:** Keep within the border and use **BLACK INK**

I cannot supply a signature because

**Date:**

## Have you had help completing this form?

Name and Address of helper

## Contact Telephone number/e-mail address