



PD Ltrs:

Please complete this form in **BLACK INK** and in **BLOCK CAPITALS** - one form for each applicant.

# Application to Vote by Post

## 1 Name and registered address

Name:.....

Address:.....

.....

.....

**Please return completed form to:**

Electoral Services Office  
South Lakeland District Council  
South Lakeland House  
Lowther Street  
Kendal, Cumbria LA9 4UQ

Helpline: 01539 733333

## 2 For how long would you like a postal vote? *Please tick one box only and insert dates where appropriate*

Permanent (until further notice)

For the election to be held on \_\_\_\_\_

## 3 Where would you like your postal vote to be sent? *Please tick one box only*

Send postal vote to address shown above, or

Send to following address: \_\_\_\_\_

**If your ballot paper is to be sent to a different address to your registration address (shown above) you must state a reason for this request:**

\_\_\_\_\_

## 4 This postal vote will apply for all elections, where eligible, as follows:

UK Parliamentary, European Parliamentary, County Council, District Council, Parish Council and any Referendum

## 5 Your date of birth:

Please enter your date of birth in the boxes to the right in **black ink**

Day                      Month                      Year

e.g. if your date of birth is 10<sup>th</sup> June 1970 write

1	0	0	6	1	9	7	0
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## 6 Your declaration and signature:

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.)*

*Please sign inside the box in **black ink** using your usual signature – your signature must be completely within the white area or your application will not be valid.*

**Dated:** \_\_\_\_\_

**Contact details:** Tel.No./Email \_\_\_\_\_

## 7 For information about the privacy of your data, please visit [www.southlakeland.gov.uk/electoral-privacy](http://www.southlakeland.gov.uk/electoral-privacy)