

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to:
The Electoral Registration Officer, **FREEPOST RTKL-JXUU-TLUB**, Wokingham,
RG40 1GY. If you need help filling in this form please phone 0118 974 6522/6523.



WOKINGHAM
BOROUGH COUNCIL

Address where you are registered to vote

Your contact details in case of query:

Home Phone:

Mobile:

Email:

About you

First name(s) (in full)

Surname

For how long do you want a postal vote?

You will be sent a postal vote for all elections/referenda you are eligible for, for the period you indicate below, unless you contact the Registration Officer to request alternative arrangements.

Until further notice

For election(s) on:

Day

Month

Year

For election(s) until:

Day

Month

Year

Your Date of Birth

Day

Month

Year

Address for postal ballot paper(s)

My address where I'm registered to vote

or

The following address:

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

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.)

Signature: Keep within the border and use BLACK INK.

I cannot supply a signature because

Date:
