

# Bolton Council

## Postal Vote Application

Your Name: .....

Your Address (where you are registered to vote): .....

.....

..... Postcode: .....

Please give your contact telephone numbers:

Home: .....

Work: .....

Mobile:.....

This application will enable you to vote by post at all forthcoming elections.

If you would like a postal vote for a specific election only, please specify the date of the election:

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Please indicate if any of the conditions below apply, as you may not be required to provide a signature if you:

a) Have a disability that prevents you from signing.....

b) Are unable to read or write.....

c) Are unable to sign in a consistent and distinctive way because of a disability or inability.....

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If you wish your Postal Vote to be sent to an address OTHER than the registered address shown above, please give the address here and a brief reason as to why you have requested this:

Address:.....

.....

Reason:.....

Please ensure that you have completed each section of this form correctly and then return it to:

THE ELECTIONS OFFICE  
2<sup>nd</sup> Floor  
Howell Croft North  
BOLTON  
BL1 1QY

If you have any questions regarding this form, please contact the Electoral Registration Office on:

01204 333843 / 333911 / 331248 / 338784 / 331247

**Your Date of Birth:** Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly within the borders of the boxes, using a black pen.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Today's Date: ...../...../.....

**Your Signature:** Please sign your normal signature within the box below, without crossing the shaded grey area, using a black pen.

<div style="background-color: #cccccc; height: 100%;"></div>
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# POSTAL VOTE APPLICATION

## How to fill in this form

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### ABOUT THIS FORM

Each person should complete a separate form.

Please do not use this form if you require a proxy vote (i.e. where someone else votes for you).

Please contact the Council's Election Office if you require forms to apply for a proxy vote.

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### COMPLETING THE FORM

Complete **ALL** sections in **BLOCK CAPITALS**.

There is no need for you to give a reason why you want a postal vote.

It is important that you sign this form and provide your date of birth. Applications cannot be accepted without your signature or date of birth.

A postal vote may be sent to an overseas address but please ensure that you allow sufficient time for it to be returned before close of poll on election day. Postal ballot papers will be sent about a week before the election.

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### DEADLINE FOR APPLICATIONS

This form should be returned no later than 5.00 p.m. 11 working days before election day (working days exclude weekends, bank holidays, Good Friday, Christmas Eve and Christmas Day).

Please notify us if there is any change to the information you have provided on this form.

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Application must be sent to The Electoral Registration Officer, 2<sup>nd</sup> Floor Howell Croft North, Bolton BL1 1QY **OR** to be placed in the "Applications Box" at The One Stop Shop, Town Hall, Bolton BL1 1RU by the relevant deadline.

Alternatively, scanned copies of applications can be sent to [elections@bolton.gov.uk](mailto:elections@bolton.gov.uk). Please ensure that the subject is titled 'Postal vote application'.