

Bolton Council

Application for Proxy to vote by post

(To be completed by nominated proxy)

In order for this application to be processed we must receive **BOTH** the proxy application (completed by the elector) **and** this postal proxy application no later than 5pm 11 working days before an election.

Your Name:

Your Address:

.....

..... 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 proxy vote for a specific election only, please specify the date of the election:

Details of the elector who you are a proxy for

Name

Address

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"/>

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

THE ELECTIONS OFFICE
2nd Floor
Howell Croft North
BOLTON
BL1 1QY

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

01204 333911 / 333843 / 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**.

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