

# Bolton Council

## Proxy Vote Application (TEMPORARY)

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

Please give your contact telephone numbers:  
Home: .....  
Work: .....  
Mobile: .....

National Insurance Number  
(you can find this on your payslip, P60 or on letters about tax, pensions or benefits)

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The Date of the election(s) for which you want a proxy vote: .....

Why do you want a proxy vote? (Please give a brief reason why you require a proxy vote) .....

.....

Your Proxy Details

Surname:..... Forenames:.....

Address:.....

Post Code:..... Relationship to you (if any).....

- Your proxy must be able to vote in the type of election concerned, and must be a registered elector.
- A person cannot vote as a proxy for more than 2 voters, including yourself, unless he/she is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter.
- Tick this box if you think your proxy may not be able to vote on your behalf and may wish to apply for a postal vote
- **Please note – If your proxy requires your vote by post we must receive their completed postal proxy application no later than 5pm 11 working days before election day (in addition to this proxy application).**

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.....


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 / 331248 / 338784 / 338785 / 331247

**Declaration: I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.**

**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**.

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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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