



Application by Proxy to Vote by Post (Proxy)

The Proxy's Details	<b>Proxy Forename:</b> <b>Proxy Surname:</b> Proxy Address:  Post Code	Please give your telephone number(s) for contact Home: Work: Mobile:
The Elector's Details	<b>Elector Forename:</b> <b>Elector Surname:</b> Elector Address:  Post Code	Please give your telephone number(s) for contact Home: Work: Mobile:

Which types of election do you wish to have a Postal Vote for ? (Please tick only 1 box )

All types of Election  Local Elections Only  Parliamentary Elections Only

OR

Do you wish to have a Postal Vote for a limited period or a specific Election? If so, please state the date that you wish your Postal Vote to expire: .....

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

Electoral Services  
East Riding of Yorkshire Council  
County Hall  
Cross Street  
Beverley  
East Riding of Yorkshire  
HU17 9BA  
Or email: electoral.services@eastriding.gov.uk

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

01482 393310  
01482 393311  
01482 393312  
01482 393313

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

Today's Date: ...../...../.....