



Postal Vote Application

Name:

Address:

.....

.....

..... **Post Code:**

Elector No:

Please give your contact telephone numbers:

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

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:.....

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.....

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:

**Electoral Registration Officer
PO Box 15311
Glasgow
G1 3DR**

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

0141 287 4444

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**.

Your Signature: Sign in the box below using **black ink**. **Important – Keep within the border**. If you fail to do this your application will not be valid.

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