

one and all ones hag all CORNWALL COUNCIL	Application		
Full Name:		Please give your contact telephone numbers:	
Address:		Home:	
		Work:	
		Mobile:	
Post Code:		Mobile.	
Postal votes can be setup on a	temporary or permanent ba	asis, please choose one only	
a) For all elections until furtherb) Temporarily until a certainc) For a specific election	date expiry	date//20 election(s) on//20	
Please indicate if any of the co a signature if you: a) Have a disability that preve b) Are unable to read or write c) Are unable to sign in a cons	ents you from signing		
this: Address:	address here and a brief rea	ison as to why you have requested	
Return to: Electoral Services St Austell One Stop Shop	If you have form, pleas	e any questions regarding this se contact the Electoral on Office on:	
39 Penwinnick Road St Austell PL25 5DR		0300 123 1115 voter-registration@cornwall.gov.uk	
Your Date of Birth: Please enter of birth in the boxes below in a YYYY format, writing clearly wi borders of the boxes, using a blace	a DD MM within the box b ithin the shaded grey a	e: Please sign your normal signature elow, without crossing the rea, using a black pen.	