



Postal Vote Application

Full Name:

Address:

Post Code:

Please give your contact telephone numbers:

Home:

Work:

Mobile:

Postal votes can be setup on a temporary or permanent basis, please choose one only

- a) For all elections until further notice
- b) Temporarily until a certain date expiry date ___/___/20___
- c) For a specific election for the election(s) on ___/___/20___

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 / distinctive way because of 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:.....

Return to:

Electoral Services
St Austell One Stop Shop
39 Penwinnick Road
St Austell
PL25 5DR

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

0300 123 1115

voter-registration@cornwall.gov.uk

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: / /