

Dacorum Borough Council Postal Vote Application

Name:

Address:

.....

.....

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

OR

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

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If you wish your Postal Vote to be sent to an address OTHER than the registered address provided 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 this form correctly and then return it to:

**Electoral Services
Dacorum Borough Council
The Forum
Marlowes
Hemel Hempstead
HP1 1DN**

If you have any questions regarding this form, please contact Electoral Services on **01442 228071** or email **er@dacorum.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**.

PART 6

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