

## London Borough of Camden Application To Vote By Post

**Only one form for each person.** Please read the notes carefully before completing this form. If you need help filling in this form please phone **0207 974 5158**. Please write in **BLACK INK and BLOCK CAPITALS**.

### 1 Address where you are registered to vote

### 2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Daytime or mobile telephone or email (Optional)

### 3 For how long do you want a postal vote?

Until further notice

For election(s) on

Day

Month

Year

For election(s) until

Day

Month

Year

### 4 Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

### 5 Address for postal ballot paper(s)

My address where I'm registered to vote in part 1 above

Or the following address

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Reason for sending ballot paper(s) to an alternative address

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### 6 Your declaration

As far as I know, the details on this form are true and accurate. I can be fined for making a false statement on this form.

**Date of birth (e.g. 02 05 1965)**




**Day**

**Month**

**Year**

**Important – keep signature within the border**

If you fail to do this, the application will not be valid.

**Please SIGN in the box below using BLACK ink**

**Date of signing**

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**PLEASE RETURN FORM TO CAMDEN  
ELECTIONS OFFICE, FREEPOST 413/29,  
CAMDEN TOWN HALL, JUDD STREET,  
LONDON, WC1H 9LZ**

