



East Cambridgeshire
District Council

Postal Vote Application

Name & Address:

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 OR

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:

The Returning Officer
East Cambridgeshire District Council
The Grange
Nutholt Lane
Ely, Cambs
CB7 4EE

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

01353 665555

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:/...../.....