

# Postal Vote Application Form

If you need help filling in this form please phone **0845 230 4026**.

Please write in **BLACK INK and BLOCK CAPITALS**.

Please return to **FREEPOST Oxfordshire Conservatives**, no stamp required, by Tuesday 17<sup>th</sup> April 2007.

## 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 or Assembly elections

## 5 Address for postal ballot paper(s)

My address where I am registered to vote in part 1 above

or

The following address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

## 6 Your declaration

As far as I know, the details on this form are true and accurate. You 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**

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

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

**Date of signing**

\_\_\_\_\_