

SMDC - Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Moorlands House, Stockwell Street, Leek, Staffordshire, ST13 6HQ. If you need help filling in this form please phone 0345 605 3015.

Your address on the Electoral Register

About you

First name(s) (in full)

Surname

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

Your Date of Birth e.g. 01 07 1948

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Day Month Year

Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

Signature: **Keep within the border
and use BLACK INK**

I cannot supply a signature because

Date:

Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

Proxy vote for which elections?

For election(s) on

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Day Month Year

Reason for this application

Telephone number:

(in case of queries in regards to this form)

Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

Signature: _____

Date: _____

Have you had help completing this form?

Name and Address of helper

For office use only