

Application to vote by post - Aldermanic & Common Council elections

Please complete this form in BLACK INK and BLOCK CAPITALS

If you need help filling in this form please call 0800 587 5537 or email electoralservices@cityoflondon.gov.uk

1 About You

Your name:

Your registered address in the City of London:

Telephone No.

Email

2 How long do you want a postal vote?

Until further notice

For elections on:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

For elections until:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

3 Where should we send your postal vote?

The address where I am registered to vote (listed above), or

the following address:

Reason for sending your postal vote to a different address:

4 Your date of birth

Date of birth (for example 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

5 Your signature and declaration

As far as I know, the details on this form are true and accurate. I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to 2 years and/or a fine.

Sign in the box below using BLACK ink.

Important - Please keep signature within the border.

Date of Signing:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

6 Can't provide a signature?

I cannot provide a signature because:

Name and address of the person who helped you complete this form:
