

Amber Valley Borough Council	Postal Vote Application	«BARCODE»
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Name: Address: Post Code:	Elector No:
	Please give your contact telephone numbers: Home: Work: Mobile:

This application will enable you to vote by post at all the forthcoming elections that you are entitled to vote at.

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:

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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.....	<input type="checkbox"/>
b) Are unable to read or write.....	<input type="checkbox"/>
c) Are unable to sign in a consistent and distinctive way because of a disability or inability.....	<input type="checkbox"/>

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:.....

<p>Please ensure that you have completed each section of this form correctly and then return it to:</p> <p>Electoral Registration Officer Amber Valley Borough Council P O Box 15 Town Hall Ripley Derbyshire DE5 3XE</p>	<p>If you have any questions regarding this form, please contact the Electoral Registration Office on:</p> <p>01773-841633</p>
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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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Today's Date:/...../.....

Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.