Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Solihull MBC, Electoral Services, Council House, Manor Square, Solihull, West Midlands, B91 3QB. If you need help filling in this form please phone 0121 704 6042.

1. Address where you are registered to Vote

2. About you

   First name(s) (in full)

   Surname

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

3. Postal vote for which elections

   All elections you are entitled to vote at

   Local elections

   Parliamentary elections

4. For how long do you want a postal vote?

   Until further notice

   For Election(s) on

   For Election(s) until

5. Address for postal ballot paper(s)

   My address where I’m registered to vote

   Or

   The following address

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

6. 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

   Signature or reasons unable to sign
   Please keep within the box and use **BLACK INK**.

   Date of declaration

7. Have you had help completing this form?

   Name and Address of helper