

Declaration of Local Connection Form

Representation of the People Acts

Qualification for Making a Declaration of Local Connection

You are entitled to register as an elector by means of a Declaration of Local Connection if:

- (a) you are currently resident as a patient in a mental hospital, you are not a detained offender or on remand, and would not be entitled to be registered by virtue of residence at any other place; or
- (b) you are currently resident at a place where you are remanded in custody, otherwise than after being convicted of any offence, and would not be entitled to be registered by virtue of residence at any other place; or
- (c) you are a homeless person not resident at any address in the United Kingdom.

1. Declarant's Details (Please complete in BLOCK LETTERS)

Title (Mr, Mrs, Miss etc) Surname

Other Names

Please give a qualifying address where:

- (a) you would be residing if you were not a patient or remanded in custody; or
- (b) if you cannot give such an address, an address in the United Kingdom at which you have resided; or
- (c) if you are homeless, the address of, or which is nearest to, a place in the United Kingdom where you commonly spend a substantial part of your time (whether during the day or night).

Please give an address where correspondence for you can be delivered. If you are unable to give such an address, you must confirm at the declaration in Part 2 that you are willing to collect from my office at periodic intervals such correspondence as I may address to you.

If you are currently registered as an elector for a different address to that given above, please state the address in respect of which you are registered.

2. Declaration

I hereby declare that:

- (a) My nationality is _____
- (b) I am 18 years of age or over at the date of this declaration; or (if the declarant is not 18 years of age but will reach 18 before 1st December next)

My date of birth is ____ / ____ / ____

- (c) I am entitled to be registered through a Declaration of Local Connection on the grounds of my being:

A patient in a mental hospital* A prisoner held on remand* Homeless*

(*Please tick appropriate box)

- (d) I confirm that, if I have not been able to give a correspondence address in Part 1, I will collect from the Electoral Registration office at periodic intervals such correspondence as may be addressed to me in connection with my registration or voting at elections.

If you wish for your name and address to be excluded from the Edited Register please mark an X in the box

Signature _____

Dated _____

Email _____

Notes

Please note that for this declaration to be effective, I must receive it within three months of the date on which it was made.

You may cancel the declaration at any time by giving me notice in writing that you wish to do so.

You are entitled to remain registered for a period of 12 months from the date when your entry in the Register takes effect. You will be sent a reminder between 9 and 10 months from the date your registration becomes effective, which you can collect from your correspondence address or from my office. Your declaration will also cease to be effective if you subsequently register as an elector, other than by means of a Declaration of Local Connection, or you submit a fresh Declaration.

PLEASE RETURN FORM TO:

The Electoral Registration Officer South Staffordshire Council Council Offices Codsall WV8 1PX.	Helpline: 01902 696121 E-mail: elections@sstaffs.gov.uk www.sstaffs.gov.uk
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