



**South Staffordshire Council**

## Postal Vote Application

Barcode number

### About you.

Add your full name and registered address

**Elector No:**

**Please give your contact phone numbers:**

Home:

Work:

Mobile:

### About your application.

**Type of Vote :- PERMANENT (For all elections which I am legally entitled to vote).**

**If you only require a temporary postal vote for a limited period or a specific Election, please say the date that you wish your Postal Vote to expire:**

.....

**APPLICATION DEADLINE** is 11 days excluding weekends and bank holidays before any election.

### Address for your ballot paper.

**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:.....

### If you are not able to provide a signature.

**Please contact Electoral Services on 01902 696121**

**Please ensure that you have completed each section of this form correctly and then return it to:**

**Electoral Registration Officer  
South Staffordshire Council  
Council Offices  
Codsall  
WV8 1PX**

**If you have any questions regarding this form, please contact the Electoral Registration Office on:**

**Helpline: 01902 696121  
E-mail: [elections@sstaffs.gov.uk](mailto:elections@sstaffs.gov.uk)  
Website: [www.sstaffs.gov.uk](http://www.sstaffs.gov.uk)  
Fax: 01902 696800**

**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**.

D	D	M	M	Y	Y	Y	Y
				1	9		

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

Today's Date: .....