



South Staffordshire Council

Proxy Vote Application

Bar code

About you.

Your name and full address

Elector No:

Please give your contact telephone 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 proxy vote for a limited period or a specific Election, please say the date that you wish your Proxy Vote to expire:

.....

APPLICATION DEADLINE is 6 days excluding weekends and bank holidays before any election

Your Proxy Details

Surname:..... **Forenames:**.....

Address:.....

.....

Post Code:..... **Relationship to you (if any)**.....

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:

**The 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
Website: 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**.

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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**.