



Proxy Vote Application Form

Name & Address:

Elector No:

Please give your contact telephone numbers:

Home:

Work:

Mobile:

Do you wish to have a Proxy Vote for a limited period or a specific Election? If so, please state the date that you wish your Proxy Vote to expire:

Your Proxy Details

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

Address:.....

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

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
- b) Are unable to read or write
- c) Are unable to sign in a consistent and distinctive way because of a disability or inability

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If this section is relevant to you and you had help completing this form please provide the persons details in the boxes overleaf

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

Electoral Services
 Arun District Council
 Arun Civic Centre
 Maltravers Road
 Littlehampton
 West Sussex
 BN17 5LF

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

01903 737616 or 737615

during normal office hours.

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**.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.

Today's Date:/...../.....

Details of the person who helped you complete this form

Name	
Address	
Contact Telephone Number	
Relationship to you	