

# Herefordshire Council

## Application to Vote by Proxy

Only one form for each person. Please read the notes carefully before completing this form. If you need help filling in this form please phone

**01432 260107**

Please write in **BLACK INK** and **BLOCK CAPITALS**

### 1 Address where you are registered to vote

### 2 About you

First name(s) (in full)

Surname

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

Daytime or mobile telephone or email (Optional)

### 3 How long do you want to vote by proxy?

(a) Until further notice

(b) For elections on the following date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

(c) For elections between the following dates

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		
Until	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		

### 4 Proxy vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

### 5 Name and Address of appointed proxy

First name(s) (in full)  Surname

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

Address

Relationship to you (if any)

### 6 Your 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 (e.g. 02 05 1965)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Day Month Year**

**Important – keep signature within the border**

If you fail to do this, the application will not be valid.

**Please SIGN in the box below using BLACK ink**

**Date of signing**

PLEASE RETURN FORM TO  
Electoral Services, Town Hall, St Owen Street, Hereford HR1 2PJ

**NOW COMPLETE SECTION 7 OVERLEAF, GIVING THE REASON FOR YOU APPLICATION**

## 7 Reason for your application

You should complete whichever part of this section applies to you. If you are applying just for one election (Part 7A) you do not need anyone to support your application. Also you do not need anyone to support your application if you are registered blind or you receive the higher rate of the mobility component of the disability living allowance (Parts 7B(i) and (ii)). For other reasons you will need to get someone to support your application.

### 7A One election only

I am unable to attend my polling station at the election indicated in Part 3 because:

\_\_\_\_\_  
*(Please state the reason e.g. "I am away on holiday" etc. You do not need anyone to support your application)*

### 7B Disability

Either: (i) I am registered as a blind person by the \_\_\_\_\_ Council

Or: (ii) I receive the higher rate of the mobility component of the disability living allowance because of a physical incapacity, which is:

\_\_\_\_\_  
*(Please state the nature of your incapacity)*

Or: (iii) I suffer from a disability, which is:

\_\_\_\_\_  
*(Please state the nature of your disability)*

If the address at which you are registered as an elector is a residential care home or sheltered accommodation, then please

tick this box.

### Declaration in Support\*

If you filled in Sections 7B (i) or (ii) you do not need anyone to support your application

*I confirm that to the best of my knowledge and belief, the applicant is suffering from the disability stated and cannot reasonably be expected to attend the polling station in person or to vote there unaided. This is likely to continue \*indefinitely / \*for the period specified in part 3 overleaf.*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ \*Qualification/\* Position \_\_\_\_\_

*\* The declaration must be made by a registered medical practitioner including a dentist, optician, pharmacist, osteopath, chiropractor and psychologist; a registered nurse; a Christian science practitioner; a registered health professional; a registered social worker; a registered mental health manager; the manager of a residential care home or warden of sheltered accommodation.*

### 7C Occupation or Employment

\*I am/\* my spouse is \* employed by/\* attending an education course at \_\_\_\_\_

as a: (describe job) \_\_\_\_\_ tick box if self employed

I cannot reasonably be expected to go to my polling station at elections because

\_\_\_\_\_  
*(Please give reason)*

### Declaration in Support

*I certify that to the best of my knowledge and belief the above statement is true*

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

*\* This declaration must be signed by a person authorised to sign on behalf of the employer or educational institution concerned. If the applicant is self-employed, the declaration must be signed by someone who knows the applicant, is 18 years or over, and is not related to the applicant.*