

DECLARATION
Assisting an Elector with Absent Vote Application

I declare that _____ of _____ is unable to provide a consistent signature owing to

Please tick appropriate box

a disability

an inability to read or write

Your Signature _____

Name _____

Date _____ / _____ /20_____

Note: It is an offence to provide false information to an Electoral Registration officer in connection with an application for a postal or proxy vote.

Please return within 7 days to:

Blaby District Council
Council Offices
Desford Road
Narborough
Leicester
LE19 2EP

Dated:

For Office Use