

<p><b>Surname:</b> .....</p> <p><b>First Name(s):</b> .....</p> <p><b>Address:</b> .....</p> <p>.....</p> <p>..... <b>Post Code:</b> .....</p>	<p><b>Elector No:</b></p> <hr/> <p><b>Please give your contact telephone numbers:</b></p> <p>Home:</p> <p>Work:</p> <p>Mobile:</p> <p>Email:</p>
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**How long do you wish to have a Postal Vote for ? (Please tick only 1 box)**

All eligible elections until further notice

OR

For Elections to be held on a specific date (in DD MM YYYY format):- .....

OR

For Elections within a specific time period of:- Date..... to Date.....

**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.....

**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:.....

<p><b>Please ensure that you have completed each section of this form correctly and then return it to:</b></p> <p><b>Electoral Shared Services</b> The Council House Burcot Lane Bromsgrove B60 1AA</p>	<p><b>If you have any questions regarding this form, please contact the Electoral Registration Office on:</b></p> <p style="font-size: 1.2em;"><b>01527 881 421</b></p> <p><b>elections@bromsgroveandredditch.gov.uk</b></p>
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**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.