

FOR OFFICE USE	
Polling District	
Date Entered	

PROXY VOTE APPLICATION FORM



CITY OF
YORK
COUNCIL

1. About You ?

Please complete in **CAPTIAL LETTERS** and **BLACK INK**

Surname <i>(or family name)</i>		Forename <i>(in full)</i>	
Present Address		Post Code	
Address where you are registered to vote <i>(if different to your present address)</i>		Post Code	

2. About Your Proxy?

Surname *(or family name)*

Forename <i>(in full)</i>		Relationship to you <i>(if any)</i>	
Present Address		Postal Code	
Tick this box if your proxy may not be able to vote on your behalf at your polling station and may wish to apply to vote by post			

3. For how long do you want a proxy vote?

Complete the section that applies

I wish to vote by proxy at all elections whilst I am still present at my address <i>(tick box)</i>			<input type="checkbox"/>
Or at elections held on	<i>(enter date)</i>	200	These apply to reasons A to G set out overleaf
Or at elections held	between <i>(enter date)</i>	and <i>(enter date)</i>	

4. Proxy's Signature

I confirm that I am capable of being and willing to be appointed to as the applicant's proxy

Signed	<input type="text"/>	Date	<input type="text" value="200"/>
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5. Your Signature

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf. **If this is not signed, the form will be sent back to you, delaying your application.** It is an offence to make a false statement on this form, the maximum fine is £5,000.

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:/...../.....

Now please complete Section 6 overleaf, giving the reason for your application.

6. Why you are applying

Please complete whichever of parts A, B, C, D, E, F or G applies to you including the other signatures where needed

A

I suffer from a **physical incapacity**, which is

Declaration in support

I can confirm that to the best of my knowledge and belief the application is suffering from the incapacity stated above [for which I am treating him/her] [for which he/she is receiving care from me] ; that he/she cannot reasonably be expected to go in person to his/her polling station or to vote unaided there; and that the incapacity is likely to continue [indefinitely] or [for the period specified overleaf]

Signed:

Name:

Date:

Address:

Qualification*:

(* This declaration must be made by a doctor, registered nurse or Christian Science practitioner)

B

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

Declaration in support

Signed:

Name:

Date:

Address:

Position*:

(*A person is entitled to make this declaration who is [1] A resident warden of sheltered accommodation or head of home, or other person registered under Part I of the Registered Home Act 1984 as carrying on a residential care home or [2] a person in charge of local authority residential accommodation)

C

I am registered as a blind person by the

Council

D

I receive the higher rate of mobility component of the disability living allowance, because of a **Physical incapacity**. This incapacity is:

E

*I [am] 8[my husband/wife] is *[employed by]

*[attending an education course at]

*Cross out whichever does not apply

describe job or
type of course

and can not reasonably be expected to go to my polling station to vote because (give reason)

Declaration in support*

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

Signed:

Name:

Position:

Address:

*This must be signed by a person authorised to sign on behalf of the employer or education institution concerned.

F

I am/my husband/wife is self-employed as (describe job)

and cannot reasonably be expected to go to my

polling because (give reason below)

Declaration in support

I am 18 or over, know the applicant and certify that to best of my knowledge and belief the statement above is true. I am not related to him/her.

Signed:

Name:

Date:

Address:

G

I cannot reasonably be expected to go to my polling station to vote because it would involve a journey by sea or air. (tick box if this applies)