APPLICATION FOR POSTAL VOTE
(Clause 314)

Insert Council Area	*Please return form to:*

I declare that:

1. My full name is ……..

2. I am entitled to vote at the forthcoming election to be held in the …….. Ward of the abovementioned local government area and the address of the land to which my entitlement relates (as resident, non-resident owner, occupier or rate paying lessee) is:
   ……
   ……

3. I have not already voted in connection with this election.

4. I am making this application for the following reason or reasons *[tick the squares that apply]*:

- ☐ I will not, throughout the hours of polling on election day, be within the ward or area for which this election is being held,
- ☐ I will not, throughout the hours of polling on election day, be within 8 kilometres by the nearest practicable route of any polling place at which I am entitled to vote,
- ☐ I will, throughout the hours of polling on election day, be travelling under conditions that will prevent me from attending at any such polling place to vote,
- ☐ I am seriously ill or disabled and will be prevented by that illness or disability from attending at any such polling place to vote,
- ☐ I will be prevented by approaching maternity from attending at any such polling place to vote,
- ☐ I am, by reason of my membership of a religious order or my religious beliefs, prevented from attending at any such polling place on election day or prevented from voting throughout the hours of polling on election day or throughout the greater part of those hours,
- ☐ I am, by reason of my being kept in a correctional centre, prevented from attending at any such polling place to vote,
- ☐ I will be, at a place other than a hospital, caring for another person who requires my care for medical reasons and because of that I will be prevented from attending at any such polling place to vote,
- ☐ I will, by reason of my being engaged for fee, gain or reward in any work throughout the hours of polling on election day, be prevented from attending any such polling place to vote,
- ☐ I am a silent elector,
- ☐ I have a disability and will be prevented from attending at any such polling place to vote,
- ☐ I am, by my belief that attending a polling place on election day will place my personal safety or that of members of my family at risk, prevented from attending at any such polling place to vote.

I hereby apply for a postal ballot-paper and postal voting envelope so that I may vote at the abovementioned election. Please send them to the address below.

…….. ……/……/……. ……
Signature of Elector Date Contact Phone

Address to which ballot-paper and envelope are to be sent:

[For a resident voter this can be any address, but for a non-resident voter it must be the voter's residential address]

POSTAL VOTE APPLICATIONS MUST BE RECEIVED BY THE RETURNING OFFICER BY 5.00PM ON THE FIFTH DAY BEFORE ELECTION DAY

Application No:	Date Dec Issued:	Date Dec Returned:	(Official Use Only)