

Your vote matters, don't lose it **X**

Electoral Services

Newark & Sherwood District Council, Castle House, Great North Road, Newark, NG24 1BY

Telephone Helpline: 01636 655459 Email: voting@newark-sherwooddc.gov.uk

Website: www.newark-sherwooddc.gov.uk

Electoral Registration and Voting Webpages: www.newark-sherwooddc.gov.uk/vote



Register of Electors – Proxy Voting

Further to your request, I enclose a proxy vote application form. Please complete and return, carefully entering your date of birth and signature (personal identifiers) in the relevant boxes. Once your application has been received and processed, we will notify you in writing.

If you have recently changed name and previously appointed a proxy, that application will be cancelled.

A proxy voter is someone who you officially appoint to vote on your behalf. This should be someone who you trust to vote the way you want. A person may not act as proxy for more than two electors (unless the relationship between the proxy and the elector is that of spouse, civil partner, parent, grandparent, brother, sister, child or grandchild) and **the person you appoint must be included on the Register of Electors at their address**. You may vote in person, but only if your proxy has not already voted on your behalf.

The person you appoint will vote for you at your allocated polling place. If you wish to appoint someone who would not be able to vote there (i.e. because of distance to travel), please contact us for a postal-proxy application.

If you no longer wish to appoint a proxy to vote on your behalf, please destroy this form.

If you cannot sign because of a disability or you are unable to read or write, you or someone on your behalf will need to contact us giving a valid reason why you cannot sign the form and ask for a signature waiver form.

If you have any queries or require further information, please contact us on the details above.

Please note: The last day for receipt of new applications for an election is 6 days before polling day (not including Saturdays, Sundays or Bank Holidays).

Privacy statement

The Electoral Registration Officer will only use the information given for electoral purposes. Your personal data will be stored securely and will follow data protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law.

The lawful basis to collect the information in this form is that it is necessary for the performance of a task carried out in the public interest and exercise of official authority as vested in the Electoral Registration Officer as set out in Representation of the People Act 1983 and associated regulations.

The Electoral Registration Officer is the Data Controller. For further information relating to the processing of personal data you should refer to our privacy notice on our website.

Yours sincerely,

JOHN ROBINSON
ELECTORAL REGISTRATION OFFICER

Proxy Vote Application

Please ensure that you have completed each section of this form correctly.

If you have any questions regarding this form, please contact the Electoral Services Office by telephone on 01636 655459 or by e-mail: voting@newark-sherwooddc.gov.uk

1. About you

Name: _____

Address: _____

Elector No: _____

Please provide your contact details below in case we need to contact you about this application:

Daytime

Telephone Number: _____

Email

Address: _____

REQUEST FOR A SIGNATURE WAIVER BECAUSE YOU ARE UNABLE TO PROVIDE A SIGNATURE (if applicable)

If you have a disability that prevents you from signing; are unable to read or write or are unable to sign in a consistent and distinctive way because of a disability or inability you can apply for a waiver. Please contact us or tick this box and we will send you a waiver application form (do not complete any other part of this form)

2. How long do you want a proxy vote for? (tick one box only)

I want to appoint a proxy until further notice (permanent postal vote)

For the elections/referendums to be held on: / /

For the period from: / / to: / /

3. Your proxy details (the person you have chosen to vote on your behalf)

Surname: _____ Forenames: _____

Address: _____

Post Code: _____ Relationship to you (if any) _____

4. Your date of birth

Please enter your date of birth in the boxes below in a DD MM YYYY format (e.g. 02 05 1965), writing clearly **within the borders** of the boxes, using a **black/blue 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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D D M M Y Y Y Y

Date application completed: _____

5. Your signature

Please sign your normal signature within the box below, **without crossing the grey shaded area**, using a **black/blue pen**.

Please complete and return this form to: **The Electoral Registration Officer, Castle House, Great North Road, Newark, NG24 1BY.**