

Please ask for: Electoral Services
Telephone: 01993 861410
Email: elections@westoxon.gov.uk
Date: When printed

Dear Sir or Madam

Proxy Vote Application (Local Government Election on 2 May 2019)

I enclose an application for you to apply to appoint a proxy to vote on your behalf. Please note that the application form is specific to the poll(s) taking place on 2 May 2019 - should you require your proxy appointment to be made on a more permanent basis, please contact the Elections Office for a further form. To be effective for 2 May your properly completed application needs to be received by no later than **5 pm on Wednesday 24 April**. However, you are recommended to return it as soon as possible so that there will be time to resolve any queries which arise.

Please also be aware that you may appoint any person as your proxy, but (i) he/she **must** be a registered voter. We will check this when we receive your application, but suggest that you make your application in advance of the deadline, so that you would have time to make a further appointment if necessary; (ii) it is unlawful for a person to vote as proxy on behalf of more than two people to whom they are not related as spouse, civil partner, parent, grandparent, brother, sister, child or grandchild; and (iii) your proxy will need to be able to go to your polling station on polling day, to be able to vote on your behalf.

Please ensure that you complete every section of the application form, including providing your signature and date of birth in the relevant sections; dating the application; giving full details of your appointed proxy; and stating the reason that you need to appoint a proxy (e.g. absence for work or holiday).

Finally, please note that as an alternative to returning the form to the address given on the form it may be sent as a scanned email attachment to elections@westoxon.gov.uk – please note that this **must** be of good quality.

I trust that this is all clear but please do not hesitate to contact the elections office if you have any queries.

For information about elections and voting, please see www.westoxon.gov.uk/elections.

Yours sincerely

WODC Electoral Services

See overleaf for privacy information

Privacy Statement We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the 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. You should refer to the Privacy Notice at www.westoxon.gov.uk for further information relating to the processing of personal data.

Application Form to Vote by Proxy at Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, WODC Elections Office, Council Offices, Woodgreen, Witney, OX28 1NB. If you need help filling in this form please phone **01993 861410**.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Daytime phone/email: (optional, but will help us contact you if there is a query):

3 Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year		

4 Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

Signature: Keep within the border and use **BLACK INK**

I cannot supply a signature because

Date:

5 Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

6 Proxy vote for

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

7 Reason for this application

8 Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

Signature:

Date:

9 Have you had help completing this form?

Name and Address of helper

For office use only: