

# WAIVER APPLICATION BY PROXY TO VOTE BY POST

Only ONE person per form please. If more forms are required or if you need help filling in this form, please telephone (0131) 344 2500.

Please write in BLACK INK and use BLOCK LETTERS

## 1. ABOUT YOU

Your name (in full)

.....

Your address

.....

.....

.....

Daytime or mobile telephone and e-mail  
(in case of query only)

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.....

## 2. ABOUT THE ELECTOR

Elector's first name(s) (in full)

.....

Elector's Surname

.....

Address where the elector is registered to vote

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.....

.....

## 3. FOR HOW LONG DO YOU WANT TO VOTE BY POST AS PROXY?

(a) Until further notice

(b) For election(s) on the following date

Day	Month	Year			

(c) For elections between the following dates

<b>From</b>						
	Day	Month	Year			
<b>Until</b>						
	Day	Month	Year			

## 4. POSTAL VOTE FOR WHICH ELECTIONS?

All elections you are entitled to vote at

Local elections

Parliamentary elections

## 5. ADDRESS FOR POSTAL BALLOT PAPER(S)

My address as stated in Part 1 (opposite)   
or the following address

.....

.....

.....

Reason for sending the ballot paper(s) to an alternative address

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.....

## 6. YOUR DECLARATION

**As far as I know, the details on this form are true and accurate.**

*You can be fined for making a false statement on this form.*

Date of Birth (eg 02 05 1965)

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**Please state reason for Waiver requirement**

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Name of person assisting you (PLEASE PRINT)

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Address of person assisting you

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Signature of person assisting you

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**Dated**        /        /

THIS FORM SHOULD BE RETURNED TO:-

Lothian Valuation Joint Board, 17A South Gyle Crescent, Edinburgh, EH12 9FL

## HELPFUL INFORMATION

**Applications for a postal proxy vote must be received NO LATER than 5.00pm on the ELEVENTH working day before an election and you must have been appointed as a proxy by that date.**

This form is a legal document and the vote of the elector may depend on it.

### **PART 1 – ABOUT YOU**

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Please enter your name, address and contact details. Contact details are optional but are helpful if we need to contact you regarding your application. They will not be used or supplied for any other purpose.

### **PART 2 – ABOUT THE ELECTOR**

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Please enter the full name and address of the elector you are acting as proxy for.

### **PART 3 – HOW LONG DO YOU WANT TO VOTE BY POST AS PROXY?**

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Your application to vote by post as proxy can be for an indefinite period, a particular election or a particular period. Please indicate your choice.

### **PART 4 – POSTAL VOTE FOR WHICH ELECTIONS?**

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For all elections tick the first box.

### **PART 5 – ADDRESS FOR POSTAL POSTAL BALLOT PAPER(S)**

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Please tick the box if you wish your ballot papers to be sent to the address you stated in Part 1.

If you will be away from home, then you can choose to have your ballot papers sent to an address other than the one shown in Part 1. In this instance you must state a reason.

### **PART 6 – YOUR DECLARATION**

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Please give your date of birth where requested. A signature is not required.

If you need further help, please contact us on the telephone number noted below.

**Electoral Registration Officer, 17A South Gyle Crescent, Edinburgh EH12 9FL**

**HELPLINE: 0131 344 2500**

**E-Mail: [enquiries@lothian-vjb.gov.uk](mailto:enquiries@lothian-vjb.gov.uk)**

**Visit our Website: [www.lothian-vjb.gov.uk](http://www.lothian-vjb.gov.uk)**