



APPLICATION FOR POSTAL VOTING PAPERS

(See back for notes on how to complete this form)

Local Government (Elections) Regulations 1997, Reg.37, Form 12

Applicant

| | | | |
|--|-----------|------------|-----------|
| Surname | | | |
| Other names | | | |
| Postal address | | | |
| <i>Address of Property in Respect of which Applicant is Eligible to Vote¹</i> | | | |
| Lot/location no. | | Street no. | |
| Street name | | | |
| Suburb | | Postcode | |
| Phone numbers | (H) _____ | (W) _____ | (M) _____ |
| Email | | | |

Electorate²

| | |
|---------------------------|--|
| Local government district | |
| Ward | |

Election³

| | |
|--------------------------|---|
| <i>Tick one box</i> | I wish to vote by post: |
| <input type="checkbox"/> | at the election(s) to be held on ____ / ____ / _____ only; or |
| <input type="checkbox"/> | at all elections held in this electorate |

Declaration

| | |
|---|---|
| <i>Making a false declaration is an offence</i> | I declare that: <ul style="list-style-type: none"> • I am an elector of the electorate(s); and • all of the details set out above are true and correct. |
| | Signature <input style="width: 250px; height: 20px;" type="text"/> Date <input style="width: 100px; height: 20px;" type="text" value=" / /"/> |

Office Use Only

| | | |
|---------------------|-----------------------------------|-----------------------|
| This application is | <input type="checkbox"/> Accepted | New barcode number: |
| | <input type="checkbox"/> Rejected | Reason for rejection: |
| Signature | | Date / / |



| | |
|---|---|
| 1. Property | If you are eligible to vote in respect of more than one property you must give the address of each property. Add additional pages if necessary. |
| 2. Electorate | If you are an elector in more than one electorate you must give the details of each electorate for which you wish to receive postal voting papers. |
| 3. Election | You may make your application at any time but if you want to vote by post at a particular election you must make your application before 4.00 pm on the 4th day before that election. |
| Where to send your form | <p>When you have completed and signed this form, send it to:</p> <ul style="list-style-type: none">• if you are making your application within 43 days of an election, the Returning Officer for the district; or• if you are making your application at any other time, the Chief Executive Officer of your local government. <p>You may send it by post or electronically so long as it is capable of being printed in its entirety, including signatures. If you send it electronically you should check that it has been received.</p> |
| Postal votes at future elections | <p>If you have ticked the box indicating that you wish to vote by post at all elections your name will be included on the postal voters register until you cease to be an elector or you ask for your name to be removed from the register. The Returning Officer will automatically send you postal voting papers every time there is an election in your electorate.</p> <p>If at any time you no longer wish to vote by post you should write to the Chief Executive Officer of your local government (or, if it is within 43 days of an election, the Returning Officer) and he or she will remove your name from the register. You may send your letter by post or electronically.</p> |