

I declare that \_\_\_\_\_ of \_\_\_\_\_ is unable  
to provide a consistent signature owing to

*Please tick appropriate box*

a disability

an inability to read or write

Your Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Note: It is an offence to provide false information to an Electoral Registration officer in connection with an application for a postal or proxy vote.

Please return within 7 days to:

**Blaby District Council  
Council Offices  
Desford Road  
Narborough  
Leicester  
LE19 2EP**

Dated:

For Office Use