

APPLICATION FOR REPLACEMENT POSTAL VOTING PAPERS

Local Government (Elections) Regulations 1997, Reg.45, Form 15

Local government district			t									
Ward												
Election date												
Applicant												
Surname												
Other name	S											
Home addres	ss	No.		Str	eet name						_	
		Suburb								Postcode		
Postal addre												
Phone numl	bers	(H)				(W)		Mobil		;		
Email												
Reason for Application												
Tick one b	ne box I apply for postal voting papers because:											
		I have not received a Postal Voting Election Package; or										
		I receiv	ved a	Postal Voting Election Package but some of the papers were missing; or								
☐ I received the papers				a Postal Voting Election Package but have lost, destroyed or spoilt some of .								
Papers Required												
Tick one b	Please	Please send me another:										
□ ball		ballot p	pallot paper;									
□ ballot pap			paper	er envelope/elector's certificate; or								
□ complete B				Election Package.								
					D	eclaration	on					
(Making a fals declaration is offence)		I declare that: I have not already voted in the election; and all of the details set out above are true and correct.										
			Signature						Date			
What to do with your Application When you have completed and signed this form, you may send it to the Returning Officer for the district. You may send												
When you have your form by p	-		-		-	-		-			•	
			-	_	-			_				
Alternatively you may give your form to an electoral officer at a polling place: • if you are making your application before election day, during normal office hours; or												
if you are making your application on election day, between 8.00 am and 6.00 pm.												
Office	_	Accepte		New bar code number Ballot paper, ballot paper envelope/elector's certificate or , ,								
use	☐ Accepted			election package forwarded *					' /			
only		Rejected	t	Reaso	on for rejection	on						