

APPLICATION FOR REPLACEMENT POSTAL VOTING PAPERS

Local Government (Elections) Regulations 1997, r45, Form 15

Local government district												
Ward												
Election date												
Applicant												
Family name	е											
Other name	s											
Home address		No.		Street Name					T T			
;		Suburb								Postcode		
Postal addre												
Phone num	Phone numbers (H)				(W)				Mobile	e		
Fax number	•						Email					
Reason for application												
Tick one b	Tick one box I apply for postal voting papers because:											
		I have not received a Postal Voting Election Package; OR										
		I received a Postal Voting Election Package but some of the papers were missing; OR										
I received the papers				d a Postal Voting Election Package but have lost, destroyed or spoilt some of s.								
				Pap	ers requ	ıire	d					
Tick one b	ох	Please se	end	and me another:								
ballot pap				er								
		allot paper envelope/elector's certificate										
complete				Election Package								
Declaration												
(Making a fals		I declare that: I have not already voted in the election; and										
offence)		• all o	f the	details set out a	above are	tru	e and cor	rect.				
									/ /			
				Signature					Date			
What to do with your application												
				ed this form, you r her electronic mea								
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 8.00am and 6.00pm.												
Office	Old ba	r code numb	er			Ne	ew bar code	number				
use		Accepted		Ballot paper, k election packag		envelope/elector's certificate or / /						
only		Rejected		Reason for rejection	on							

^{*} Delete where applicable