

LOCAL GOVERNMENT 28 APRIL 2012 ONLY

APPLICATION FOR A POSTAL / ELECTOR VISITOR VOTE

An application for a Postal Vote / Elector Visit Vote may be made to the Electoral Commission of Queensland or your local Returning Officer (RO) at any time after the announcement of the election. However, you should keep in mind that the application must reach the **Electoral Commission or the RO by 6.00 pm on the Wednesday before Polling Day** to allow for the voting material to be sent to you for completion. Late applications cannot be processed. If you require any assistance in completing this form, please ring the Commission on **1300 881 665** or visit the Commission's website at www.ecq.qld.gov.au.

Deliver / Post: Electoral Commission of Queensland
Level 6 / 160 Mary Street BRISBANE OR
GPO Box 1393 BRISBANE Q 4001

Fax: (07) 3036 5778
Email: cpvgeneral@ecq.qld.gov.au
Phone: 1300 881 665

YOU MUST SIGN THIS APPLICATION

Elector to complete – Please print clearly

I wish to apply for (please tick **ONE** box): **POSTAL VOTE** **ELECTOR VISIT VOTE**

1. Your personal details

SURNAME

GIVEN NAMES

PREVIOUS FAMILY / GIVEN NAME

(If recently changed)

DATE OF BIRTH

(in dd/mm/yyyy format)

2. Your contact details

TELEPHONE

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EMAIL

3. Your current residential address (as enrolled)

POSTCODE

4. Please send voting material to me at (if the same as your enrolled address print 'AS ABOVE')

POSTCODE

5. Your declaration Please tick **ONE** box for the reason you qualify.

A **Postal Vote** is available if, on Polling Day, you:

- will be interstate or overseas or more than 8 km from a polling booth between 8.00 am and 6.00 pm;
- will be working or travelling under conditions that will prevent voting at a polling booth;
- are a member of a religious order or have religious beliefs that preclude voting during ordinary voting hours on a Saturday; or
- are an elector who a doctor has certified, in writing, is so physically incapacitated as to be incapable of signing their name.

A **Postal Vote OR Elector Visit Vote** is available if, on Polling Day, you:

- have a serious illness, a disability or are in an advanced state of pregnancy, or
- are caring for a person who is ill, has a disability or is in an advanced stage of pregnancy.

***** YOUR FORM CANNOT BE PROCESSED UNLESS IT IS SIGNED *****

Your signature or mark

Signature of the person confirming your identity

(only if applicant cannot sign and makes a mark)

DATE / /

DATE / /

Please note that a person granted Power of Attorney **CANNOT** sign this application in that capacity.

Any adult person is able to witness the applicant's mark.