

# Request to Shropshire Council for a copy of the lists of postal and proxy

Name of electoral area: (e.g ward/division/constituency/region/voting area/combined authority)		Date of election	
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This form must be sent to the **Electoral Registration Officer** for the electoral area. Some elections/referendums cover more than one registration area so you may need to make separate requests to **each of the relevant Electoral Registration Officers**. Contact details can be found on [www.electoralcommission.org.uk/i-am-a/voter](http://www.electoralcommission.org.uk/i-am-a/voter).

This form must be completed by the candidate, except in the case of party lists such as at GLA London Member, Scottish Parliamentary regional or Senedd regional elections where this form must be completed by the election agent.

**Declaration of candidacy and confirmation of legal use of absent vote list information**  
*For further information relating to the processing of personal data you should refer to the privacy notice on the data controller's website. [Privacy | Shropshire Council](#)*

Name of Candidate / party list election agent	
I declare that I am a candidate / party list election agent at the above named election. I will use my copy of the absent vote list (postal and/or proxy voters list) for <b>electoral purposes only</b> . I will only allow others who are assisting me in my campaign to use my copy of this data for the same purposes only. I understand that any use other than electoral purposes is illegal and is punishable by law. In England and Wales, the fine is unlimited; in Scotland, the fine can be up to £5,000.	
Signed (Candidate / party list election agent)	

**APPLICATION AND DELIVERY DETAILS**

My application is for the following Absent Vote Lists: <i>(You may tick as many boxes that you wish)</i>	<b><i>This Column for Office Use Only:</i></b>			
<input type="checkbox"/> The <b>current</b> list of <b>postal</b> voters		<i>Date Actioned</i>		<i>By</i>
<input type="checkbox"/> The <b>current</b> list of <b>proxy</b> voters		<i>Date Actioned</i>		<i>By</i>
<input type="checkbox"/> The <b>final</b> list of <b>postal</b> voters		<i>Date Actioned</i>		<i>By</i>
<input type="checkbox"/> The <b>final</b> list of <b>proxy</b> voters		<i>Date Actioned</i>		<i>By</i>
Please supply the data in (please tick <u>one</u> box only):				
Paper format				
Data format				
Delivery Address:				

**CONTACT DETAILS (IN CASE OF QUERY)**

Telephone	
Mobile	
Email	