

**THE REPRESENTATION OF THE PEOPLE ACT 1995  
THE LOCAL ELECTIONS ACT 1986**

**PORT ST MARY COMMISSIONERS**

**APPLICATION TO BE TREATED AS AN ABSENT VOTER**

Electoral Number .....

Surname .....

Other Names .....

Isle of Man .....

Electoral Address .....

District or Ward .....

Date of Election .....

---

**This note does not constitute part of the application form under the Local Elections (Absent Voters) Regulations:**

**Port St Mary Commissioners Bye Elections  
Friday 24<sup>th</sup> August 2018**

***Applications for absent votes to be marked OFF the Isle of Man must be received by 5.00 p.m. on Friday 10<sup>th</sup> August 2018.***

***Applications for absent votes to be marked ON the Isle of Man must be received by 5.00 p.m. on Tuesday 14<sup>th</sup> August 2018.***

***Enquiries should be addressed to the Returning Officer at the Commissioners Office, Town Hall, Port St Mary. Telephone 832101.***

**ABSENT VOTE APPLICATION**

- 1. I wish to mark my ballot paper at the office of the returning officer
- 2. I wish the certifying person to deliver the ballot paper to me at the address shown below
- 3. I will be outside the Isle of Man on the date of the election (\*on the dates shown below) and I wish to apply for a ballot paper to be sent to me at the address shown below.

\*Dates I will be off Island: From (\_\_\_\_/\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Please supply the contact address for either 2 or 3 above (if different to your electoral address):

---

---

---

---

Contact Telephone Number: \_\_\_\_\_

Signature (or mark) of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Witnessed by:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

PRINT FULL NAME

---

A witness must know the person whose signature he/she witnesses. A witness must be aged 18 or over and must not be related to the person whose signature he/she witnesses.