



<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-right: 10px;">Elections ACT</div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-right: 10px;">Declaration Vote</div> </div>	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">Pre-poll No.</div>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Elector's enrolled electorate</td> <td style="width: 80%;"></td> </tr> </table> <p>I declare that I am an elector <i>Tick relevant box</i></p> <ul style="list-style-type: none"> • who expects to be unable to attend at a polling place on polling day <input type="checkbox"/> Pre-poll • whose name cannot be found on the certified list of voters <input type="checkbox"/> Polling Day • whose name is marked as having been issued with a ballot paper <input type="checkbox"/> Polling Day • whose address is not shown on the certified list of voters <input type="checkbox"/> Polling Day 	Elector's enrolled electorate		<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">OFFICE USE</div> <p>Preliminary Scrutiny (Tick boxes)</p> <p>A Signature</p> <p>1 Elector Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2 Issuing Officer Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>B Eligibility Check</p> <p>1 Certified List Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2 Street Records Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3 ACT Records Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">Division Code _ _ _ </p> <p>4 Deletions History Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">Det Code _ _ Date Det / /</p> <p style="margin-left: 20px;">Division Code _ _ _ </p> <p>5 Reinstated Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>C Determination</p> <p>Admitted <input type="checkbox"/></p> <p>Rejected <input type="checkbox"/></p> <p>Det letter sent <input type="checkbox"/></p> <p style="margin-left: 20px;">Initials _ _ </p> <hr/> <p>D Second check of Rejects</p> <p>Microfilm print sought <input type="checkbox"/></p> <p>Received <input type="checkbox"/></p> <p>Admitted <input type="checkbox"/></p> <p>Rejected <input type="checkbox"/></p> <p style="margin-left: 20px;">Initials _ _ </p>
Elector's enrolled electorate			
Elector to Complete – Please print firmly			
Surname or family name			
Full given names			
If you have changed your name since you last enrolled, please print your previous name here in full			
Address for which you claim to be enrolled	Postcode		
Date of birth	Contact Ph No		
Do you still reside at your enrolled address	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, what date did you move?	/ /		
and what is your current address?	Postcode		
I declare that the information shown here is true and correct, that I am entitled to vote and that I have not already voted in this election			
Signature or mark of elector	/ /		
Polling Official to Complete – Please print firmly			
Signature of Issuing Officer	/ /		
Polling Place/ Pre-poll Centre			
Issuing Office			