



## Postal Vote for the ACT Legislative Assembly

### Information for the Elector

#### Am I entitled to a postal vote?

If you are on the ACT electoral roll you are entitled to cast a postal vote if:

- You expect to be unable to attend a polling place on election day or an early voting centre in the ACT before election day; or
- Your address has been suppressed from the electoral roll.

Check your pre-printed **name and enrolled address** details. Please correct any errors.

**If you are unable to vote without help**, you can ask someone to assist you.

### Privacy Statement

The information sought on this form is required under the ACT *Electoral Act 1992*.

Your name and address details and the fact that you have completed a postal vote will be made publicly available after election day under the Electoral Act (except if your address is suppressed from the electoral roll, your address will not be made public).

**Need more information?**  
**Contact the ACT Electoral Commission**  
**Phone: (02) 6205 0033**  
**Email: [elections@act.gov.au](mailto:elections@act.gov.au)**  
**Web: [www.elections.act.gov.au](http://www.elections.act.gov.au)**

Approved Form AF2020-86 approved by the Electoral Commissioner, on 14 August 2020, under section 340A of the *Electoral Act 1992*.

(200396)

▲ **Fold and place your ballot paper inside this envelope and seal.** ▲

**Please mail or deliver to the ACT Electoral Commissioner as quickly as possible. To have your vote counted in this election it must be posted on or before election day and received no later than Friday after election day.**

## Postal Vote Checklist

You need to:

- 1 Read the information in this pack.
- 2 Check that your name and enrolled address are printed correctly.
- 3 Sign and date this envelope.
- 4 Follow the instructions on your ballot paper by numbering boxes next to candidates in the order of your choice.
- 5 Put your folded ballot paper in this envelope and seal it.
- 6 Put this sealed envelope, including the flap with your signature and date, in the Reply Paid envelope.



ACT ELECTORAL COMMISSION OFFICERS  
OF THE ACT LEGISLATIVE ASSEMBLY

 **Elections** ACT



*Your* CANBERRA. *Your* VOICE.

## Ballot Paper Envelope

**Please DO NOT detach. Your vote is secret. This flap will be detached before your ballot paper is removed.**

To the ACT Electoral Commissioner  
**Elector Details**

### Postal Vote for the ACT Legislative Assembly Election

Please read the back of this form

I declare that I am entitled to a postal vote for the ACT Legislative Assembly election and that all the statements on this form are true.  
Signature or mark of elector

Today's date  
Day Month Year

\*You must sign your name to have your vote counted.

Day Month Year

Date  
of Birth

( )

Phone

**if you have changed your name** since you last enrolled,  
please print your previous name here:

**if you no longer live at your enrolled address,**  
please print your current address:

Date you moved  
Day Month Year

**Postal Address**