### SCHEDULE 4

Regulation 9

#### Local Authorities (Conduct of Referendums) (Council Tax Increases) (England) Regulations 2012: New Forms

### Part 1

# Form for use at Local Government Financial Act referendum not taken with another election or referendum

Form of declaration to be made by the companion of a voter or proxy with disabilities

| Declaration for the companion of a voter with disabilities  |                 |  |  |  |
|---|-----------------|--|--|--|
| Referendum on the Council Tax increase for [insert name<br>of authority]  |                 |  |  |  |
| Date of election [day] [date] [month] [year]  |                 |  |  |  |
| A voter with disabilities is a voter who has made a declaration that he or<br>she is so incapacitated by his or her blindness or other disability, or by his or her<br>inability to read, as to be unable to vote at this referendum without assistance. In<br>this form, "voter" means the person casting the vote at the referendum and<br>includes a person voting as a proxy. |                 |  |  |  |
| Part 1 To be completed by the vo  | ter's companion |  |  |  |
| Companion's name  |                 |  |  |  |
| Companion's address   |                 |  |  |  |
| Voter's name  |                 |  |  |  |
| [Only for use if the disabled voter is<br>acting as a proxy]<br>Voter is acting as proxy for:   |                 |  |  |  |
| Elector's number<br>[If the disabled voter is acting as a<br>proxy, this is the number of the person<br>for whom the voter is acting]   |                 |  |  |  |
| I have been requested to assist the voter named above to record their vote at this referendum. I declare that:  |                 |  |  |  |
| (1)<br>• I am aged 18 or over   |                 |  |  |  |
| <ul> <li>AND</li> <li>(2)         <ul> <li>I have not previously assisted more than one voter with disabilities at this referendum.</li> <li>If I have assisted one other voter their name and address is:</li> </ul> </li> </ul>   |                 |  |  |  |
| [Complete if appropriate] Name and address of other person assisted   |                 |  |  |  |

| NOTE – It is a criminal offence to knowingly make a false statement in this form. |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
| Companion's<br>signature  |  | Date                              |  |  |
| Part 2 To be completed by the Presiding Officer                                   |  |                                   |  |  |
| I, the undersigned, being the Presiding Officer for:                              |  |                                   |  |  |
| Polling station   |  | Voting area of                    |  |  |
| Hereby certify that the above declaration was signed in my presence.              |  | Presiding<br>Officer<br>signature |  |  |
| Date  |  | Time (exact)                      |  |  |

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## Part 2

## Form for use at Local Government Financial Act referendum when combined with another election or referendum

Form of declaration to be made by the companion of a voter or proxy with disabilities

| Declaration for the companion of  | a voter with disabilities |  |  |  |  |
|---|---------------------------|--|--|--|--|
| *[Election of Member of Parliament for [insert name of combined authority]  |                           |  |  |  |  |
| *[Election of councillors to [insert name of local authority/parish council in full]]   |                           |  |  |  |  |
| *Referendum on the Council Tax Increase for [insert name of<br>authority]   |                           |  |  |  |  |
| *[Election of London Assembly [London member] [constituency member for the [insert name of constituency]]   |                           |  |  |  |  |
| *[Election of the Mayor [of London] [for [insert name of<br>authority]]]  |                           |  |  |  |  |
| *[[Insert name of election/referendum] election/referendum]   |                           |  |  |  |  |
| *Delete or amend as appropriate   |                           |  |  |  |  |
| Date of election(s) [and referendum(s)] [day] [date] [month] [year]   |                           |  |  |  |  |
| A voter with disabilities is a voter who has made a declaration that he or she is<br>so incapacitated by his or her blindness or other disability, or by his or her<br>inability to read, as to be unable to vote at [this] [these] election(s) [and<br>referendum(s)] without assistance.<br>In this form, "voter" means the person casting the vote at the election or<br>referendum and includes a person voting as a proxy. |                           |  |  |  |  |
| Part 1 To be completed by the voter's companion   |                           |  |  |  |  |
| Companion's name  |                           |  |  |  |  |
| Companion's address   |                           |  |  |  |  |
| Voter's name  |                           |  |  |  |  |
| [Only for use if the disabled voter is<br>acting as a proxy]<br>Voter is acting as proxy for:   |                           |  |  |  |  |
| Elector's number<br>[If the disabled voter is acting as a<br>proxy, this is the number of the person<br>for whom the voter is acting]   |                           |  |  |  |  |

| I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:  |     |                                   |  |  |  |  |
|--|-----|-----------------------------------|--|--|--|--|
| (1)<br>• I am aged 18 or over  |     |                                   |  |  |  |  |
| AND  | AND |                                   |  |  |  |  |
| <ul> <li>(2)         <ul> <li>I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)].</li> <li>If I have assisted one other voter their name and address is:</li> </ul> </li> </ul> |     |                                   |  |  |  |  |
| [Complete if appropriate] Name and address of other person assisted  |     |                                   |  |  |  |  |
| NOTE – It is a criminal offence to knowingly make a false statement in this form.  |     |                                   |  |  |  |  |
| Companion's<br>signature   |     | Date                              |  |  |  |  |
| Part 2 To be completed by the Presiding Officer  |     |                                   |  |  |  |  |
| I, the undersigned, being the Presiding Officer for:   |     |                                   |  |  |  |  |
| Polling station  |     | Voting area of                    |  |  |  |  |
| Hereby certify that the above declaration was signed in my presence.   |     | Presiding<br>Officer<br>signature |  |  |  |  |
| Date   |     | Time (exact)                      |  |  |  |  |