

**TO THE RETURNING OFFICER  
COUNCIL OF THE ISLES OF SCILLY  
TOWN HALL ST MARY'S  
ISLES OF SCILLY  
TR21 OPA**

**We the undersigned electors, listed on the electoral register in the  
.....Parish, request that the casual vacancy in .....Parish of the  
Council of the Isles of Scilly be filled by election.**

**NAME**

**ADDRESS**

**SIGNATURE**

Please note: a minimum of two electors\* are required to complete this form, which should be returned to the Returning Officer as soon as possible.

\*Electors: these must be people whose names appear on the latest copy of the electoral register for the parish concerned.