

**CITY OF LOS ANGELES  
VOTE-BY-MAIL APPLICATION  
COUNCIL DISTRICT 2 RUNOFF ELECTION**

**December 8, 2009**

**PLEASE PRINT REGISTERED NAME**

**MAIL COMPLETED FORM TO:**  
LOS ANGELES CITY CLERK  
ELECTION DIVISION  
P.O. BOX 54377  
LOS ANGELES, CA 90054-0377  
Telephone (213) 978-8050  
FAX (213) 978-0611 or (213) 978-0612

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME VOTER I.D. (IF KNOWN)

**REGISTERED RESIDENCE ADDRESS (DO NOT USE P.O. BOX NUMBER)**

\_\_\_\_\_  
NUMBER AND STREET (DESIGNATE N, S, E, W.) CITY ZIP CODE

**I have not and will not apply for a Vote-By-Mail ballot by any other means.**

\_\_\_\_\_  
BIRTHDATE TELEPHONE NO.

**X** \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT PROPER SIGNATURE OF APPLICANT**

**MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE)**

NUMBER AND STREET OR P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**This form provided by:**

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Organization Address

\_\_\_\_\_  
Organization Telephone No.

Application must be received by the City Clerk no later than 5:00 p.m.  
**December 1, 2009**

If you wish to become a permanent Vote-By-Mail voter, contact the L.A. County Clerk/Registrar Recorder at (562) 466-1323.

The information required on this application must be used by all individuals, organizations, and groups who distribute their own Vote-By-Mail applications.

(City Election Code Sections 116, 1007, and 1022)