

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

September 22, 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.
September 15, 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)