

**CITY OF LOS ANGELES  
VOTE-BY-MAIL APPLICATION  
GENERAL MUNICIPAL ELECTION**

**May 16, 2017**

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

**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.  
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 Tel. No.

**NOTICES**  
Application must be received by the City Clerk no later than 5:00 p.m., **May 9, 2017**  
If you wish to become a permanent Vote-By-Mail voter, contact the L.A. County Clerk/Registrar Recorder at (562) 466-1323.  
Only the voter has the legal right to mail or deliver this application to the City Clerk  
Vote-By-Mail applications distributed by individuals, organizations and groups shall conform to the provisions of City Election Code.  
(City Election Code Sections 116, 1007, 1008, and 1022)

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