



APPLICATION FOR VOTE BY MAIL BALLOT  
**LOCAL AND MUNICIPAL CONSOLIDATED ELECTIONS**  
 TUESDAY, NOVEMBER 7, 2017

To request a Vote By Mail Ballot, complete the information on this form. This application form must be received by the Election Officials no later than **October 31, 2017**.

1. **PRINT NAME:** \_\_\_\_\_ 2. **DATE OF BIRTH:** \_\_\_\_\_

First Name Middle Name or Initial Last Name

3. **RESIDENCE ADDRESS** (please print):

Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N.S.E.W if used)

City County Zip Code

4. **TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 (Optional) Daytime Evening

(Optional) Email Address

5. **MAILING ADDRESS FOR BALLOT**, IF DIFFERENT FROM ABOVE. (PLEASE PRINT)

NOTE: ORGANIZATIONS DISTRIBUTING THIS FORM MAY NOT PREPRINT MAILING ADDRESS INFORMATION.

Number and Street/P.O. Box (Designate N.S.E.W if used)

City U.S. State or Foreign Country Zip Code

**6. THIS APPLICATION FORM WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT**

I have not applied for, nor do I intend to apply for, a Vote By Mail Ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the name, residence address and information I have provided on this application are true and correct.

SIGNATURE

Date

**WARNING:** Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

7. ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER ON THE LINE BELOW:

VBMAPP 7/2017



APPLICATION FOR VOTE BY MAIL BALLOT  
**LOCAL AND MUNICIPAL CONSOLIDATED ELECTIONS**  
 TUESDAY, NOVEMBER 7, 2017

To request a Vote By Mail Ballot, complete the information on this form. This application form must be received by the Election Officials no later than **October 31, 2017**.

1. **PRINT NAME:** \_\_\_\_\_ 2. **DATE OF BIRTH:** \_\_\_\_\_

First Name Middle Name or Initial Last Name

3. **RESIDENCE ADDRESS** (please print):

Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N.S.E.W if used)

City County Zip Code

4. **TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 (Optional) Daytime Evening

(Optional) Email Address

5. **MAILING ADDRESS FOR BALLOT**, IF DIFFERENT FROM ABOVE. (PLEASE PRINT)

NOTE: ORGANIZATIONS DISTRIBUTING THIS FORM MAY NOT PREPRINT MAILING ADDRESS INFORMATION.

Number and Street/P.O. Box (Designate N.S.E.W if used)

City U.S. State or Foreign Country Zip Code

**6. THIS APPLICATION FORM WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT**

I have not applied for, nor do I intend to apply for, a Vote By Mail Ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the name, residence address and information I have provided on this application are true and correct.

SIGNATURE

Date

**WARNING:** Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

7. ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER ON THE LINE BELOW:

VBMAPP 7/2017

**FOR OFFICIAL USE ONLY**

**NOTICE** – You have the legal right to mail this form to:

Registrar-Recorder/County Clerk  
 Vote By Mail Section  
 PO Box 30450, Los Angeles, CA 90030-0450

or deliver to:

12400 Imperial Hwy., Norwalk, CA 90650  
 3<sup>rd</sup> Floor Room 3002  
 8am – 5pm  
 (800) 815-2666 option # 2

Returning this application to anyone else may cause a delay that could interfere with your right or ability to vote.

**Any voter wishing to become a Permanent Vote By Mail voter may call our office at: (800) 815-2666 option # 2 for further information or visit our website at [lavote.net](http://lavote.net).**

The format used on this application **MUST** be used by ALL individuals, organizations, and groups that distribute Vote By Mail Ballot applications. Failure to conform to this format may result in criminal prosecution. Elec. Code Secs. 3007 & 18402

Under Federal law, election materials are available in other languages in Los Angeles County 1-800-481-VOTE.

**FOR OFFICIAL USE ONLY**

**NOTICE** – You have the legal right to mail this form to:

Registrar-Recorder/County Clerk  
 Vote By Mail Section  
 PO Box 30450, Los Angeles, CA 90030-0450

or deliver to:

12400 Imperial Hwy., Norwalk, CA 90650  
 3<sup>rd</sup> Floor Room 3002  
 8am – 5pm  
 (800) 815-2666 option # 2

Returning this application to anyone else may cause a delay that could interfere with your right or ability to vote.

**Any voter wishing to become a Permanent Vote By Mail voter may call our office at: (800) 815-2666 option # 2 for further information or visit our website at [lavote.net](http://lavote.net).**

The format used on this application **MUST** be used by ALL individuals, organizations, and groups that distribute Vote By Mail Ballot applications. Failure to conform to this format may result in criminal prosecution. Elec. Code Secs. 3007 & 18402

Under Federal law, election materials are available in other languages in Los Angeles County 1-800-481-VOTE.