



Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN Registrar-Recorder/County Clerk

Document Request Form

Please complete this form in its entirety and submit via email to ecu@rrcc.lacounty.gov . All fields below are required to process your request.		
Requestor Name:		
Contact Phone Number:		
Contact Email Address:		
Request Date:		
Resolutions	☐ Tax Rate Statements	☐ Arguments/Rebuttals
☐ Publication Notices	☐ Sample Ballots (from past elections)	Other (indicate in description)
Detailed Description of Re	quest:	
Reason for Request/Comr	ments:	
	ed to any candidate/person obtaining a co two (2) business days to receive a respor	• •
	Election Coordination Unit Use On	nly
☐ Approved		•
Rejected		
Comments:		
Manager Signature		Date