APPLICATION FOR VOTE BY MAIL BALLOT

To request a Vote By Mail ballot, complete the information on this form. This application form must be received by the Elections Official no later than February 8, 2011.

1. PRINT NAME: _____________________________________________  2. DATE OF BIRTH: ____________________________

First Name     Middle Name or Initial     Last Name

3. RESIDENCE ADDRESS (please print):

City     County     Zip Code

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

4. TELEPHONE NUMBER: ( ) Daytime ( ) Evening

(Optional) Email Address

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

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. THIS FORM IS PROVIDED BY:

IMPORTANT: ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER

REGISTRAR-RECORDER/ COUNTY CLERK

LOS ANGELES COUNTY

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

Under Federal law, election materials are available in other languages in Los Angeles County 1-800-581-VOTE.