



APPLICATION FOR VOTE BY MAIL BALLOT
GENERAL ELECTION
 TUESDAY, NOVEMBER 4, 2014

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 28, 2014**.

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. THIS FORM IS PROVIDED BY: _____
IMPORTANT: ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER

VBMAPP 7/2014

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
 3rd Floor Room 3002
 8am - 5pm
 (562) 466-1323

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: (562) 466-1323 for further information or visit our website at 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.



APPLICATION FOR VOTE BY MAIL BALLOT
GENERAL ELECTION
 TUESDAY, NOVEMBER 4, 2014

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 28, 2014**.

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. THIS FORM IS PROVIDED BY: _____
IMPORTANT: ORGANIZATIONS PROVIDING THIS FORM MUST ENTER THEIR NAME, ADDRESS AND TELEPHONE NUMBER

VBMAPP 7/2014

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
 3rd Floor Room 3002
 8am - 5pm
 (562) 466-1323

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: (562) 466-1323 for further information or visit our website at 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.