

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

**MAY 17, 2005**

**MAIL COMPLETED FORM TO:**

LOS ANGELES CITY CLERK  
ELECTION DIVISION  
P.O. BOX 54377  
LOS ANGELES, CA 90054-0377  
Telephone (213) 978-8050  
FAX No. (213) 485-7806

FOR OFFICIAL USE ONLY

**PLEASE PRINT REGISTERED NAME**

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, or W. CITY ZIP CODE

**I have not and will not apply for a Vote By Mail ballot by any other means.**

BIRTHDATE

TELEPHONE NO.

**X**

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 Telephone No.

Application must be received by the City Clerk no later than **5:00p.m.**

**May 10, 2005**

If you wish to become a permanent Vote By Mail voter, contact the L.A. County Clerk/Registrar-Recorder at (562) 466-1323.

The information required on this application must be used by all individuals, organizations, and groups who distribute their own Vote By Mail applications.

(City Election Code Sections 31, 273.5, and 274)