



2021 Neighborhood Council (NC) Elections

Vote-By-Mail (VBM) Application



IMPORTANT: To qualify to receive a ballot, you must complete a VBM Application using the online portal at clerk.lacity.org/elections, or **return this completed application to the address provided at the bottom. Incomplete applications will not be processed.** Complete applications must have all of the required information (*) included. The last day to apply for a VBM ballot is seven (7) days prior to the election, see the 2021 Neighborhood Council Timeline for specific deadlines. Some of the information on the VBM Application is subject to the California Public Records Act, see 2021 Neighborhood Council Election Handbook section 8.4 for more information.

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| 1 | <p>*PRINT VOTER INFORMATION – Please print clearly.</p> <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Birthdate: ___/___/___ Phone Number: (____) _____ Email: _____</p> |
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| 2 | <p>*ESTABLISH YOUR STAKEHOLDER STATUS – Place an “X” in the appropriate box below.</p> <p>I qualify to vote in _____ Neighborhood Council because:</p> <p><input type="checkbox"/> I am a resident of the Neighborhood Council and live at: Address: _____ City: _____ Zip: _____</p> <p><input type="checkbox"/> I own a business or work within the Neighborhood Council at: Name of Business or Work Place: _____ Address: _____ City: _____ Zip: _____</p> <p><input type="checkbox"/> I own real property in the Neighborhood Council at: Address: _____ City: _____ Zip: _____</p> <p><input type="checkbox"/> I have a community interest at a community organization that has continuously maintained a physical street address for not less than one year, and that performs ongoing and verifiable activities and operations that benefit the neighborhood, and is located within the NC’s boundaries. A for-profit entity shall not qualify as a Community Organization: Name of Organization: _____ Address: _____ City: _____ Zip: _____</p> |
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| 3 | <p>*MAIL MY BALLOT TO (please provide mailing address if different from above, including service provider, if applicable):</p> <p>Address: _____ Apt #: _____ City: _____ Zip: _____</p> |
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| 4 | <p>*SIGN DOCUMENT: I, the undersigned, declare under penalty of perjury that the above statements are true and correct:</p> <p>Signature: _____ Date: _____</p> |
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| 5 | <p>I designate the following agent to return my VBM application on my behalf.</p> <p>_____</p> <p style="text-align: center;">Print Name of Authorized Agent Signature of Authorized Agent</p> |
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| <p>This application must be received at least seven days prior to Election Day. Return your completed forms using one of the following 3 options:</p> | | |
| <p>1. Mail Application to: Office of the City Clerk - Election Division 555 Ramirez Street, Space 300 Los Angeles, CA 90012</p> | <p>OR</p> | <p>2. Email: clerk.electionvbm@lacity.org 3. Fax: (213) 978-0376</p> |

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| <p>TO BE COMPLETED BY VBM STAFF</p> | |
| <p>List document(s) provided (if applicable): _____</p> <p style="text-align: right;">Exp. date (if applicable): _____</p> <p>Entered by: _____ Date: _____</p> | |

***Required Information**