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 by 5:00 p.m., 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.

1

*PRINT VOTER INFORMATION – Please print clearly.

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Birthdate: ____/____/_____ **Phone Number: (____)** _____ **Email:** _____

2

*ESTABLISH YOUR STAKEHOLDER STATUS – Place an "X" in the appropriate box below.

I qualify to vote in _____ **Neighborhood Council because:**

☐ I am a **resident** of the Neighborhood Council and live at:

Address: _____**City:** _____**Zip:** _____

☐ I own a **business** or **work** within the Neighborhood Council at:

Name of Business or Work Place: _____

Address: _____**City:** _____**Zip:** _____

☐ I **own real property** in the Neighborhood Council at:

Address: _____**City:** _____**Zip:** _____

☐ 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:** _____

3

*MAIL MY BALLOT TO (please provide mailing address if different from above, including service provider, if applicable):

Address: _____**Apt #:** _____ **City:** _____**Zip:** _____

4

*SIGN DOCUMENT: I, the undersigned, declare under penalty of perjury that the above statements are true and correct:

Signature: _____ **Date:** _____

5

I designate the following agent to return my VBM application on my behalf.

_____   _____
           Print Name of Authorized Agent   **Signature of Authorized Agent**

This application must be received at least seven days prior to Election Day. Return your completed forms using one of the following 3 options:

1. **Mail Application to:**
   Office of the City Clerk - Election Division
   555 Ramirez Street, Space 300
   Los Angeles, CA 90012

   OR

   2. Email:
   clerk.electionvbm@lacity.org
   3. Fax: (213) 978-0376

TO BE COMPLETED BY VBM STAFF

List document(s) provided (if applicable):_____

_____ Exp. date (if applicable): _____

Entered by: _____ Date: _____

*Required Information