APPLICATION FOR VOTE BY MAIL BALLOT
PRESIDENTIAL PRIMARY ELECTION
TUESDAY, JUNE 7, 2016

To request a Vote By Mail ballot, complete the information on this form. This application form must be received by the Elections Office no later than May 31, 2016.

1. PRINT NAME:

2. DATE OF BIRTH:

3. RESIDENCE ADDRESS (please print):
   
   Number and Street - as registered (P.O. Box, Rural Route, etc. are 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)
   
   Number and Street/P.O. Box (Designate N.S.E.W if used)

   City
   U.S. State or Foreign Country
   Zip Code

6. Under California Law, qualified political parties may allow registered voters with “No Party Preference” to crossover and vote in their parties. For the June 7, 2016 Presidential Primary Election, the American Independent, Democratic and Libertarian parties have allowed “crossover voting”. If you are registered as “No Party Preference” and do not wish to request a “crossover” ballot, no action is required. To request a “crossover” ballot, write in your choice below.

   I am presently registered to vote with No Party Preference. For the June 7, 2016 Presidential Primary Election only, I request a Vote By Mail ballot for the ________________________________ party.
   (Write in only one party: American Independent, Democratic, or Libertarian)

7. 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 three or four years. (Section 132 of the California Penal Code)

8. THIS FORM IS PROVIDED BY:

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 90033-0450

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. Election Code Sections 3007 & 18402

To request translated election material in one of Los Angeles County’s eligible languages, call 1-800-481-VOTE.

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

VBMAPP 3/17/2016