

NOVEMBER 3, 2009 CONSOLIDATION ELECTION  
APPLICATION FOR AN ABSENTEE BALLOT

FOR OFFICIAL USE ONLY

To request an absentee ballot, complete the information on this form. This Application Form must be received by the Elections Official no later than **OCTOBER 27, 2009**.

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)

**Los Angeles**

\_\_\_\_\_  
City County Zip Code

4. TELEPHONE NUMBER: ( ) \_\_\_\_\_  
( )

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, an absentee ballot from any other jurisdiction for this election. I certify under penalty of perjury

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

**WARNING:** Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

**NOTICE** - You have the legal right to mail this form to:

Registrar-Recorder/County Clerk  
Absent Voters Section  
P O Box 30450, Los Angeles, CA  
90030-0450

or deliver to:

12400 Imperial Hwy. Norwalk, CA.,  
90650

**Any Voter wishing to become a Permanent Absent Voter can call our office at: (562) 466-1323 for further information.**

Returning this application to anyone else may cause a delay that could interfere with

\_\_\_\_\_  
The format used on this application MUST be used by ALL individuals, organizations, and groups that distribute absentee ballot applications. Failure to

\_\_\_\_\_  
Under Federal law, election materials are available in other languages in Los Angeles County 1-800-581-VOTE.

7. THIS FORM IS PROVIDED BY: \_\_\_\_\_

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