Election Date

QUESTI	ONNAIRE
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Select One:	City Only		City	and School Dis	trict		Scho	pol District
			Mailii	ng Address				
	CITY CLERK NAM	1E			ELECTIO	N CONTACT PERS	SON 8	& TITLE (If different from City Clerk)
General Telephone No. (Public Use Only)		Telephone No. (RR/CC Use Only)					Fax No.	
	Email			2 nd	Email			Business Hours
OFFICES TO APPEAR ON	I BALLOT:	DISTRICT NO. (if any)	U (If unex	IDICATE FULL NEXPIRED TEI pired, <u>must</u> incl of expiration) example 01/01/0	RM ude date	No. To Be Elected	(B	How elected: y District, At Large, or Nominated by District and Elected at Large)
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MEASURES If any measures are to	appear on ballot.	please indicate below	w:	CANDIDAT		/IENTS Ilowing below:		
Total Number of Mea				Number o 2 2 2 Payment C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Words / 200 200 Options: Payment - ime of fil City will b Advanced	Allowed: of estimated co ling. Jull candidate at deposit, City wear the cost fo	ost n fter 1 will k	oill after the election.

Please provide the anticipated date your resolutions will be delivered to the Board of Supervisors and a copy to the Registrar- Recorder/County Clerk (Election Coordination Unit) calling and requesting consolidation with the election:

	Mailing Date
Date	Print Name and Signature of Authorized Representative
RETURN FORM VIA EMAIL TO:	ecu@rrcc.lacounty.gov
OR FAX IT TO:	(562) 406-2149
FORM CAN ALSO BE MAILED TO:	LOS ANGELES COUNTY REGISTRAR RECORDER/COUNTY CLERK
	ATTN: ELECTION COORDINATION UNIT, ROOM 2013A
	12400 IMPERIAL HIGHWAY
	NORWALK, CALIFORNIA 90650
2026 QUESTIONNAIRE REVISED 12-20-24 LMA	