



Please complete all applicable fields. Check one box for the mayor's selection type (elected or rotated). If elected, enter the term of office. If rotated, provide the rotation start and end dates. Please email the completed form to ECU@rrcc.lacounty.gov.

MAYOR INFORMATION

City Name:	
Mayor Name:	
Is the Mayor selected through:	If the Mayor is selected through an election on the
\square election on the ballot	on the ballot, please specify the term of office.
or □ a rotation of council members	
Please provide the start and end da	ates of the mayoral rotation.
Start Date:	
End Date:	
Date Submitted:	
If we have questions about the form	m, whom should we contact?
Name:	
Email:	
Phone:	