

LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

Use this form to submit updated **School District's** *information to the Election Coordination Unit.*

DISTRICT INFORMATION

District Name:	
Superintendent:	
2 nd Contact:	Position/Title:
Address:	
Mailing Address:	
Telephone No.:	Telephone No.: (RR/CC Use Only)
E-Mail Address:	2 nd E-Mail:
Business Hours:	Fax No:
	QUESTIONS/COMMENTS
Completed by:	