LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN
Registrar-Recorder/County Clerk

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

DISTRICT INFORMATION

District Name: _____

Manager/Secretary: _____ Position/Title: _____

2nd Contact: _____ Position/Title: _____

Address: _____

Mailing Address: _____
(if different from above)

Telephone No.: _____ Telephone No.: _____
(Public Use Only) ***(RR/CC Use Only)***

E-Mail Address: _____ 2nd E-Mail: _____

Business Hours: _____ Fax No: _____

QUESTIONS/COMMENTS

_____

_____

_____

Completed by: _____