



LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK

Election Date: _____

QUESTIONNAIRE FOR STANDALONE MUNICIPAL ELECTIONS

Select One:

<input type="checkbox"/> City Only:	<input type="checkbox"/> City and School District:	<input type="checkbox"/> School District:
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Mailing Address:		
City Clerk Name:	Contact Person & 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 THE BALLOT	DISTRICT NUMBER (If any)	INDICATE FULL OR UNEXPIRED TERM (must include expiration date (01/01/01))	NUMBER TO BE ELECTED	HOW IS THE OFFICE ELECTED?
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large

Total Number of Measures: _____

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 Specified Services:** _____.

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