

2025 NEIGHBORHOOD COUNCIL VOTE-BY-MAIL APPLICATION



Application Deadline: All stakeholders interested in voting in the 2025 Neighborhood Council Election must complete a Vote-By-Mail (VBM) application to identify how they are a stakeholder in the Neighborhood Council. In order to receive your VBM ballot, submit a completed application and any required documentation (if applicable), to the City Clerk's Office nine (9) days prior to the specific Neighborhood Council Election Day. VBM Applications that lack the applicant's signature, or which do not include required information/documentation necessary to establish stakeholder eligibility, will not be processed. Some of the information on the VBM application may be subject to the California Public Records Act request. For more information visit clerk.lacity.gov/NCelections or call (213) 978-0444.

VOI	TER INFORMATION		
	ghborhood Councilind your Neighborhood Council visit empowerla.org/city-map/)		
Firs	t Name Middle Name _	Last Na	me
Birt	h Year Phone Number	Email Address	
ПОИ	E: Initial if you agree to receive Neighborhood Council info	ormation from EmpowerLA	via texts
QU	ALIFYING ADDRESS, COMPLETE ALL THAT APPLY		
TIVE	Street Address	City	Zip Code
	Check which applies for this address: Own Property Rent Property Unhoused Other:		
WORK	Organization Name		
	Street Address	City	Zip Code
	Check which applies for this address: Employee Owner Other:		
OWN	Street Address	City	Zip Code
	Check which applies for this address: Residential Property Business Property Other:		
COMMUNITY	Community Interest defined as a person who participates in a non-profit organization that has continuously maintained a physical street address within the boundaries of the neighborhood council for not less than one year, and that performs ongoing and verifiable activities and operations that benefit the neighborhood. A for-profit entity shall not qualify as a Community Organization.		
	Organization Name		
	Street Address	City	Zip Code
MA	ILING ADDRESS, COMPLETE IF DIFFERENT FROM ABOVE.		
Address		City	Zip Code
I DE	ECLARE UNDER PENALTY OF PERJURY THAT ALL STAT	EMENTS ARE TRUE AND	CORRECT.
Signature			
AU1	THORIZED AGENT TO COMPLETE IF DESIGNATED TO SUBN	MIT THIS VBM APPLICATION	l .
Auth	norized Agent Name Au	thorized Agent's Signature	