Election Date	

QUESTIONNAIRE

		City			
		Mailing Address			
CITY CLERKN	AME	ELECT	ION CONTACT PER	SON & TITLE (If different from City Clerk)	
General Telephone No. (Public Use Only) Email		Telephone No. (RR/CC Use Only) 2 nd Email		Fax No. Business Hours	
		(example 01/01/01) Full Term Unexpired Term Date		 □ By District □ At Large □ Nominated by District and Elected at Large 	
		☐ Full Term ☐ Unexpired Term Date		□ By District □ At Large □ Nominated by District and Elected at Large	
		☐ Full Term ☐ Unexpired Term Date		□ By District □ At Large □ Nominated by District and Elected at Large	
		☐ Full Term ☐ Unexpired Term Date		□ By District □ At Large □ Nominated by District and Elected at Large	
		☐ Full Term ☐ Unexpired Term Date		 □ By District □ At Large □ Nominated by District and Elected at Large 	
FANY MEASURES ARE TO APPEAR ON BALLO' NDICATE NO. OF MEASURES AND TYPE (BONI OTHER).			CANDIDATE STATI words allowed: □	l 200 or □ 400	
		ment of the estimated cost must be indidate at time of filing. y will bear the cost for all statemen	e made by the	☐ City will bill candidate after the election. ☐ Other	
Please provide the anticipated date your Coordination Unit) calling and requesting	resolutions will be ser	nt to the Board of Supervisors a		e Registrar- Recorder/County Clerk (Election	
		Mailing Date			
Date		Print Name and Signatur	e of Authorized R	epresentative	
RETURN FORM VIA EMAIL TO:	ecu@rrcc.la	county.gov			
OR FAX IT TO: FORM CAN ALSO BE MAILED TO:	ATTN: ELECT 12400 IMPE	149 IS COUNTY REGISTRAR RECORDER/I TION COORDINATION UNIT, ROOM RIAL HIGHWAY CALIFORNIA 90650			