



UNITED NEIGHBORHOODS OF THE HISTORIC ARLINGTON HEIGHTS,
WEST ADAMS AND JEFFERSON PARK COMMUNITIES NEIGHBORHOOD COUNCIL



VOTE BY MAIL APPLICATION

Stakeholder Name: (Mr/Mrs/Ms) _____ Gender: M F
First Name Last Name

I AM A UNITED NEIGHBORHOODS RESIDENT STAKEHOLDER IN:

- Region 1 **Arlington Heights and Angeles Vista** – Bounded by Western Avenue on the east, Pico Boulevard on the north, Crenshaw Boulevard on the west, and the Santa Monica (10) Freeway on the south, going east to Arlington Avenue, thence north to Washington Boulevard, and east on **Washington Boulevard to Western Avenue**.
- Region 2 **Harvard Heights and West Adams Heights** - Bounded by Normandie Avenue on the east, Pico Boulevard on the north, Western Avenue on the west, and the Santa Monica (10) Freeway on the south.
- Region 3 **West Adams Avenues** - Bounded by Arlington Avenue on the east, the Santa Monica (10) Freeway on the north, Crenshaw Boulevard on the west, and Adams Boulevard on the south.
- Region 4 **Western Heights and Kinney Heights** - Bounded by Western Avenue on the east, Washington Boulevard on the north, Arlington Avenue on the west, and Adams Boulevard on the south.
- Region 5 **Jefferson Park** - Bounded Adams Boulevard on the north, Crenshaw Boulevard on the west, Rodeo Road on the south, and Arlington Avenue on the east.
- Region 6 **The "Bungalows"** - Bounded by Western Avenue on the east, Adams Boulevard on the north, Arlington Avenue on the west, and Jefferson Boulevard on the south.

**This form must be received by
October 11, 2007**

List the address that qualifies you as a United Neighborhoods Resident Stakeholder:

(Address must be within the United Neighborhoods boundaries)

Resident Stakeholder Address _____
 Number Street/Post Office Box Apartment Number/Suite
 City State Zip Code

Day Phone #: () Evening Phone #: ()

Fax #: Email: _____

OR, I AM A UNITED NEIGHBORHOODS NON-RESIDENT STAKEHOLDER BASED ON MY AFFILIATION AS:

- Business Owner Property Owner Employee Business Representative
- Community Organization Service Organization Non-Profit Organization Public Safety Organization
- Park Participant Recreation Areas Religious Institution Medical/Health Org.
- Youth Senior Educational Institution Library
- Environmental Organization At Large Other _____

List Complete Name/Title of Organization/Business/Entity... _____

Non-Resident Stakeholder Address: _____
 Title of Location, if applicable (i.e. Name of School, Company, Organization, Church etc...)
 Number Street/Post Office Box Apartment Number/Suite
 City State Zip Code

Day Phone #: () Evening Phone #: ()

Fax #: Email: _____

Mailing Address: *(Include Address below if different from Non-Resident Stakeholder Address)*

Number Street/Post Office Box Apartment Number/Suite
 City State Zip Code

Day Phone #: Evening Phone #: _____

Fax #: () Email: _____

Complete Both Sides of Form

Stakeholder Name: (Mr/Mrs/Ms) _____
First Name Last Name

**Any Stakeholder may request to Vote By Mail.
Once verified, a Ballot will be mailed to you.**

Please mail a ballot to me.
I hereby declare under penalty of perjury that the above statements are true.

Signature: _____ Date: _____

Complete Both Sides of Form

Please complete and return by **October 11, 2007** to: United Neighborhoods Elections,
c/o Stephen Box, Independent Election Administrator, 1738 N. Canyon Dr. #10, Los Angeles, CA 90028; Fax 866-390-1379

FOR IEA USE ONLY

SELF AFFIRMED STAKEHOLDER HAS BEEN VERIFIED

SELF AFFIRMED STAKEHOLDER **HAS NOT** BEEN VERIFIED

PRINTED NAME OF VERIFIER

SIGNATURE OF VERIFIER

DATE