

**COUNTY OF SAN DIEGO**  
**REGISTRAR OF VOTERS**  
**5600 OVERLAND AVE., SUITE 100, SAN DIEGO, CA 92123**  
**Phone (858) 565-5800 Fax (858) 505-7294 TTY/TDD (800) 735-2929**

**UNSIGNED BALLOT ENVELOPE AND SIGNATURE VERIFICATION STATEMENT**

**NOTICE: ONE OF THE FOLLOWING APPLIES TO YOU:**

- ☐ **YOU DID NOT SIGN YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT IDENTIFICATION ENVELOPE, OR**  
☐ **YOUR SIGNATURE COULD NOT BE VERIFIED ON YOUR VOTE-BY-MAIL OR PROVISIONAL IDENTIFICATION ENVELOPE**

**READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS STATEMENT.**  
**FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.**

This statement must be completed by the voter and returned to the Registrar of Voters office no later than **5 p.m. (Pacific Standard Time) on December 1**. You must fill out this statement completely and provide your signature.

You may return this statement by:

- **COMING to the Registrar of Voters office in person** to sign your original Vote-By-Mail or Provisional Ballot Identification Envelope or dropping-off this statement, Monday through Friday 8 a.m. to 5 p.m.  
**OR**
- **MAILING** this statement to our office. Your signed Statement must be received at the Registrar of Voters office no later than 5 p.m. on December 1, 2020 (*Postmark Not Acceptable*). If you return this statement by mail, you must place postage on the envelope.  
**OR**
- **DROPPING-OFF** your signed statement at a polling place or a designated mail ballot drop-off site in San Diego County before 8 p.m. on Election Day, Nov. 3.  
**OR**
- **FAXING** the signed Statement to the Registrar of Voters office at (858) 505-7294.  
**OR**
- **EMAILING** the signed Statement to the Registrar of Voters office at [VoteByMail@sdcounty.ca.gov](mailto:VoteByMail@sdcounty.ca.gov).

I, \_\_\_\_\_, am a registered voter of San Diego County,  
*(Print Name of Voter)*

State of California. I declare under penalty of perjury that I requested and returned a vote-by-mail or provisional ballot and that I have not and will not vote more than one ballot in this election. I am a resident of the precinct in which I have voted, and I am the person whose name appears on the vote-by-mail or provisional ballot identification envelope. I understand that if I commit or attempt any fraud in connection with voting, or if I aid or abet fraud or attempt to aid or abet fraud in connection with voting, I may be convicted of a felony punishable by imprisonment for 16 months or two or three years. I understand that my failure to sign this statement means that my vote-by-mail or provisional ballot is not eligible to be counted.

**COMPLETE ALL INFORMATION**

**VOTER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*DO NOT PRINT (Power of attorney cannot be accepted)*

**WITNESS SIGNATURE, as necessary:** \_\_\_\_\_

*(If the voter is unable to sign, s/he may make a mark witnessed by one person over the age of 18 years.)*

**REGISTERED RESIDENCE ADDRESS:** \_\_\_\_\_

*(Street Address)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

**FOR VOTE-BY-MAIL STAFF USE ONLY**

**AVID#:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_