

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

SIGNATURE FORM AND 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 THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR VOTE-BY-MAIL OR PROVISIONAL BALLOT NOT TO BE COUNT.

This STATEMENT must be completed by the voter and returned to the Registrar of Voters office no later than **5pm (Pacific Standard Time) on September 27, 2023**. You must fill out this STATEMENT completely and provide your signature.

You may return this STATEMENT by:

- **DROPPING-OFF** your signed STATEMENT at:
 - Registrar of Voters office (5600 Overland Avenue, Suite 100, San Diego 92123, Monday through Friday 8am – 5pm)
Please note: In observance of Labor Day, our office will be closed on September 4th.
 - Any Ballot Drop Box location (visit sdvote.com for locations and hours of operation)
- **MAILING** your signed STATEMENT to our office. Your signed STATEMENT must be received at the Registrar of Voters office no later than 5 p.m. on September 27, 2023 (Postmark Not Acceptable). If you return this form by mail, you must place postage on the envelope.
- **FAXING** the signed STATEMENT to the Registrar of Voters office at (858) 505-7294.
- **EMAILING** the signed STATEMENT to the Registrar of Voters office at 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 (or I received) 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 OF BIRTH:** _____

DO NOT PRINT (Power of attorney cannot be accepted)

WITNESS SIGNATURE, as necessary: _____

(If the voter is unable to sign, they 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:** _____