

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

MAIL BALLOT SIGNATURE FORM

NOTICE: YOU DID NOT SIGN YOUR VOTE-BY-MAIL BALLOT RETURN ENVELOPE

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

This form must be completed and returned to the Registrar of Voters office as soon as possible so that it can be received no later than 5 pm on the eighth day after Election Day. You must fill out this form completely and sign your name below on the line next to Voter Signature. You may return this form by:

- **COMING to the Registrar of Voters office in person** to sign your original Vote-By-Mail Ballot Return Envelope or dropping-off this Mail Ballot Signature Form after signing, Monday through Friday 8 am to 5 pm. This Form must be received by 5 pm on the eighth day after Election Day.
OR
- **MAILING** your signed Form to our office. Signed Form must be received at the Registrar of Voters office by 5pm on the eighth day after Election Day (*Postmark Not Acceptable*). If you choose to return it by mail, you must place postage on the return envelope.
OR
- **DROPPING-OFF** your signed Form at a polling place or a designated ballot drop-off site in San Diego County on Election Day before 8 pm (*this option may not be available for special mail ballot elections*).
OR
- **FAXING** the signed Form to the Registrar of Voters office at (858) 505-7294. It must be received at our office by 5 pm on the eighth day after Election Day.
OR
- **EMAILING** the signed Form to the Registrar of Voters office at ROVMail@sdcountry.ca.gov. It must be received at our office by 5 pm (Pacific Standard Time) on the eighth day after Election Day.

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 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 Ballot Return 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 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:** _____