

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 VERIFICATION STATEMENT & SIGNATURE FORM

NOTICE: ONE OF THE FOLLOWING APPLIES TO YOU:

- YOU DID NOT SIGN YOUR VOTE-BY-MAIL BALLOT RETURN ENVELOPE, OR
- YOUR SIGNATURE COULD NOT BE VERIFIED ON YOUR VOTE-BY-MAIL 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 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 form completely and provide your 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 form, Monday through Friday 8 am to 5 pm.
OR
- **MAILING** this form to our office. Your signed Form 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 form by mail, you must place postage on the envelope.
OR
- **DROPPING-OFF** your signed form at a polling place or a designated mail ballot drop-off site in San Diego County on Election Day before 8 pm.
OR
- **FAXING** the signed Form to the Registrar of Voters office at (858) 505-7294.
OR
- **EMAILING** the signed Form 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 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: _____