

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: _____