

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 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 **5pm (Pacific Standard Time) on December 6, 2022**. 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, San Diego 92123, Monday through Friday 8am – 5pm)
Note: In observance of County holidays, our office will be closed on Nov 24 and Nov 25.
 - Any Ballot Drop Box location (visit sdvote.com for locations and hours of operation)
 - Any Vote Center (select sites open Oct 29 – Nov 7, 8am – 5pm; all open Election Day, Nov 8, 7am – 8pm)
- **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 December 6, 2022 (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@sdcountry.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:** _____

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:** _____