

UNSIGNED BALLOT ENVELOPE & SIGNATURE VERIFICATION STATEMENT FORM

This Form is to be used for **ONE** of the following reasons:

- YOU DID NOT SIGN YOUR VOTE-BY-MAIL BALLOT RETURN ENVELOPE
- YOUR SIGNATURE COULD NOT BE VERIFIED ON YOUR VOTE-BY-MAIL RETURN ENVELOPE

READ THE FOLLOWING INFORMATION CAREFULLY.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

This Form must be completed by the voter and returned to the Registrar of Voters office no later than **5 p.m. (PST)** on **March 31, 2020**. You must fill out this Form completely and provide your signature.

You may return this Form by **ONE** of the following ways:

- **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.
- **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 March 31, 2020 (*Postmark Not Acceptable*). If you return this Form by mail, you must place postage on the envelope.
- **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 (*this option may not be available for special mail ballot elections*).
- **FAXING** the signed Form to the Registrar of Voters office at (858) 505-7294.
- **EMAILING** the signed Form 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 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.

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)

RETURN TO:

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

EMAIL: VoteByMail@sdcountry.ca.gov

FOR VOTE-BY-MAIL STAFF USE ONLY

AVID#: _____

Initials: _____

Return Date: _____