

COUNTY OF SACRAMENTO

Voter Registration and Elections
7000 65th Street, Suite A
Sacramento, CA 95823
(916) 875-6155 | Fax (916) 854-9796
vbm@saccounty.gov

Read these instructions carefully before completing the statement. Failure to follow these instructions may cause your ballot not to be counted.

Complete and sign the statement below, then choose one of the following return options:

- Mail or hand-deliver to the Voter Registration & Elections Office (address above). You may use the enclosed postage-paid envelope or your own envelope with sufficient postage.
- Email to the Voter Registration & Elections Office at vbm@saccounty.gov.
- Fax to the Voter Registration & Elections Office at (916) 854-9796.
- Hand-deliver to any open Vote Center or Official Ballot Drop Box within Sacramento County before 8 p.m. on Election Day.

Return your completed statement as soon as possible. **It must be received no later than the statutory deadline of 5 p.m. two days prior to the certification of the election.**

SIGNATURE VERIFICATION STATEMENT	
<p>I, _____, am a registered voter of Sacramento County, California. I declare under penalty of perjury that I returned a Vote by Mail or conditional/provisional ballot and that I have not and will not vote more than one ballot in this election. 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 ballot is not eligible to be counted.</p>	
<p>X _____</p> <p>Voter's Signature (<i>power of attorney cannot be accepted</i>)</p>	<p>_____</p> <p>Date</p>
<p>Witness Signature (<i>if applicable</i>): _____</p> <p><i>If voter is unable to sign, they may make a mark which shall be witnessed by one person.</i></p>	
<p>Voter's Residence Address: _____</p> <p style="text-align: center;">Street Address City, State, Zip</p>	

FOR OFFICE USE ONLY		
Election: _____	Voter ID: _____	Ballot ID: _____
Date Received: _____	Cure Date: _____	Entered By: _____