

SACRAMENTO COUNTY

Voter Registration and Elections

Vote by Mail

7000 65th Street, Suite A

Sacramento, CA 95823

(916) 875-6155 | Fax (916) 854-9796



General Election – November 6, 2018

UNSIGNED BALLOT STATEMENT

**NOTICE TO VOTER - YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE.
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS STATEMENT.
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT
NOT TO BE COUNTED.**

You must use one of the following options:

- **Drop off signed statement.** You may drop off this Unsigned Ballot Statement at any Vote Center or Ballot Drop Box location for Sacramento County on or before 8:00 p.m. on Election Day, November 6, 2018.
OR
- **Fax signed statement to our office.** You may fax this Unsigned Ballot Statement to (916) 854-9796. It must be received no later than 5:00 p.m. on November 14, 2018.
OR
- **Email signed statement to our office.** You may email this Unsigned Ballot Statement to our office at VBM@SacCounty.net. It must be received no later than 5:00 p.m. on November 14, 2018.
OR
- **Come to our office in person.** You may come to our office (address above) Monday through Friday 8:00 a.m. to 5:00 p.m. to SIGN your original Mail Ballot envelope or return this Unsigned Ballot Statement. This must be done before 5:00 p.m. on November 14, 2018.
OR
- **Mail signed statement in the enclosed envelope to our office.** This Unsigned Ballot Statement must be received at our office (address above) before 5:00 p.m. on November 14, 2018. Postmarks will not count. If you choose to return your statement via mail, YOU MUST PLACE POSTAGE on the return envelope provided.

COMPLETE ALL INFORMATION

I, _____, am a registered voter of Sacramento County,
(Print Name of Voter)

State of California. I do solemnly swear (or affirm) that I returned a Mail 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.

Signature of Voter:

Voter's Signature (Power of attorney cannot be accepted)

Date:

Witness to Voter's Mark:

(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)

Birthdate:

Residence Address:

Street Address where registered to vote

City

Zip Code

Mailing Address:

Number and Street, or PO Box

City

Zip Code