



Unsigned Ballot Envelope Letter

– NOTICE TO VOTER –

IF YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT.
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.**

You may use one of the following options to sign your original Vote-By-Mail envelope or drop off your signed statement:

- **In Person.** You may come to our office Monday through Friday between 8:00 a.m. and 5:00 p.m. to **SIGN** your original Vote-by-Mail ballot envelope or return the signed statement. This must be done before 5:00 p.m. two days prior to certification of the election.
- **Drop off your signed statement using our Drop Box.** You may drop off your signed statement using our Drop Box any time before 5:00 p.m. two days prior to certification of the election. Our Drop Box is located outside the County Administration Building (44 N. San Joaquin Street, Stockton CA 95202) next to the entrance (on Weber Street) labeled "San Joaquin County, Registrar of Voters, Drop Box, Vote-by-Mail Ballots".
- **By Mail.** You may mail in your signed statement. It must be received by our office before 5:00 pm two days prior to certification of the election. **Postmarks will not count.**
- **By Fax.** You may fax in your signed statement. Your statement must be received before 5:00 p.m. two days prior to certification of the election. Fax: (209) 468-9534
- **By Email.** You may scan and email your signed statement. Your statement must be received before 5:00 p.m. two days prior to certification of the election.. Email: vbm@sjgov.org

Please contact our office at (209) 468-2890 for the certification date for this election.

Please complete all information on page 2. Thank you.



Unsigned Ballot Envelope Form

Unsigned Ballot Envelope Statement

I, _____, am a registered voter of San Joaquin County,
Print Name of Voter
 State of California. I do solemnly swear (or affirm) 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 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 will be invalidated.

COMPLETE ALL INFORMATION:



(Signed) _____
Voter's Signature (you must sign your name on the line above – power of attorney cannot be accepted)

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

Dated this _____ day of _____, 2020.

Residence address: _____
Street Address City Zip Code

Mailing address: _____
Street Address City Zip Code

-----**FOR OFFICE USE ONLY**-----

Voter ID: _____ *Ballot ID:* _____
Date received: _____ *Cure date:* _____ *Entered by:* _____