



Signature Verification Letter

– NOTICE TO VOTER –

IF YOUR VOTE-BY-MAIL SIGNATURE DOES NOT MATCH YOUR SIGNATURE ON FILE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.

We have determined that the signature you provided on your vote-by-mail ballot envelope does not match the signature(s) on file in your voter record. In order to ensure that your vote-by-mail ballot will be counted, the Signature Verification Statement must be completed and returned as soon as possible.

The Signature Verification Statement must be received by the elections official of the county where you are registered to vote **no later than 5 pm, two days prior to certification of the election.**

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

If you do not wish to send the Signature Verification Statement by mail or have it delivered, you may submit your completed Signature Verification Statement by email or facsimile transmission (FAX).

You may return the Signature Verification Form in one of three ways no later than 5 pm, two days prior to certification of the election:

1. In Person

Deliver it to our office at 44 N. San Joaquin St., Suite 350, Stockton, CA 95202

Our regular business hours are Monday through Friday 8:00 am to 5:00 pm; OR

2. By mail

Sign this letter and return it to our office by mail. After signing, mail it in the enclosed envelope to Registrar of Voters, PO BOX 810, Stockton CA 95201. It must be received by our office before 5:00 pm two days prior to certification of the election. ***Postmarks will not count.*** OR

3. By FAX or email

Fax or Scan the back of this letter to our office. It must be received at our office before 5:00 pm two days prior to certification of the election. Fax to (209) 468-9534, email: vbm@sjgov.org

Call (209) 468-2890 for deadline date.

Please complete all information on page 2. Thank you.

Signature Verification Form

Signature Verification Statement

I, _____, am a registered voter of San Joaquin County, California.
Print Name of Voter

I declare under penalty of perjury that I requested and returned a vote-by-mail ballot. 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 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 will not be counted.

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 or PO Box City State Zip

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

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