



## Signature Verification Letter

### – NOTICE TO VOTER –

**VOTE-BY-MAIL SIGNATURE DOES NOT MATCH SIGNATURE ON FILE  
READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT.  
YOUR BALLOT MAY NOT BE COUNTED IF YOU FAIL TO FOLLOW THESE INSTRUCTIONS.**

- We have determined that the signature provided on your Vote-by-Mail or provisional ballot identification envelope does not accurately match the signature(s) on file in your voter record. In order to ensure that your Vote-by-Mail or provisional ballot will be counted, the Signature Verification Statement provided on the other side of this letter must be completed and returned as soon as possible.
- You must sign your name and include your address where specified on the Statement. Please note that the signature provided on the completed Statement may be added to your registration record to be used for signature comparison purposes in future elections.
- Place your completed Statement into the postage-paid return envelope if it is included with these instructions. You may use your own mailing envelope addressed to our office if a return envelope is not included with these instructions. You may mail, deliver, or have your completed Statement delivered directly to our office. Be sure that there is sufficient postage and that the address of our office is correct if you mail your completed Statement using your own envelope.
- You may submit your completed Statement via email or fax to our office if you do not wish to deliver your completed Statement by mail or in person. You may also submit your completed Statement to a polling place within the county or a ballot drop box before the close of the polls on Election Day.

**Your signed statement must be received before 5:00 p.m. two days prior to certification of the election.**

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

**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 this signed statement.

**Drop Box:** You may drop off your signed statement using our Drop Box, which is labeled "Official Vote-by-Mail Ballot Drop Box" and located outside the County Administration Building (44 N. San Joaquin Street, Stockton CA 95202) next to the entrance on Weber Street.

**Mail:** You may mail in your signed statement. It must be received by our office before 5:00 p.m. two days prior to certification of the election. **The date of the postmark will not count.**

**Fax:** You may fax in your signed statement. **Fax number: (209) 468-9534**

**Email:** You may scan and email your signed statement. **Email to: [vbm@sjgov.org](mailto:vbm@sjgov.org)**

***Please turn this page over and complete all information on the other side.***

## Signature Verification Statement

I, \_\_\_\_\_, am a registered voter of  
*(Please print your first and last name)*  
San Joaquin County, California.

I declare under penalty of perjury that I requested (and/or received) and returned a Vote-by-Mail or provisional ballot and that I have not and will not vote upon 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 or provisional ballot envelope.

I understand that per Elections Code 18500: "Any person who commits fraud or attempts to commit fraud, and any person who aids or abets fraud or attempts to aid or abet fraud, in connection with any vote cast, to be cast, or attempted to be cast, is guilty 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 or provisional ballot will be invalidated.**

**COMPLETE ALL INFORMATION:**



(Voter's Name) \_\_\_\_\_  
*(Please print name as registered to vote)*

Voters date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(month / day / year)*

(Voter's Signature) \_\_\_\_\_  
*(You must sign your name on the line above. Power of attorney cannot be accepted.)*

(Witness Signature)\* \_\_\_\_\_  
*\*(Voters who are unable to sign may make a mark which shall be witnessed by one person.)*

Dated signed \_\_\_\_ day of \_\_\_\_\_, 2022.  
*(Day) (Month)*

Voter's Residence address: \_\_\_\_\_  
*Street Address City State Zip Code*

Voter's Mailing address: \_\_\_\_\_  
*Street Address or P.O. Box City State Zip Code*

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

*Voter ID:* \_\_\_\_\_ *Ballot ID:* \_\_\_\_\_  
*Date received:* \_\_\_\_\_ *Cure date:* \_\_\_\_\_ *Entered by:* \_\_\_\_\_