



## **- NOTICE TO VOTER -**

### **COMBINED SIGNATURE VERIFICATION AND UNSIGNED IDENTIFICATION ENVELOPE STATEMENT & INSTRUCTIONS**

**READ THESE INSTRUCTIONS CAREFULLY.  
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

- We have determined either that the signature you provided on your vote by mail or provisional ballot identification envelope does not compare with the signature(s) on file in your voter record **OR** that you did not sign your ballot identification envelope.
- You must sign your name where specified below and include your address. To ensure that your ballot will be counted, this completed Statement must be received by our office as soon as possible, but no later than 5 p.m. two days prior to certification of the election.
- Place your completed Statement into the postage-paid return envelope if it is included with these instructions. If a return envelope is not included with these instructions, use your own mailing envelope addressed to your elections official. Mail, deliver, or have your completed Statement delivered to your elections official. If you mail your completed Statement using your own envelope, be sure there is sufficient postage and that the address of the election's official is correct.
- If you do not wish to send your completed Statement by mail or have it delivered, you may submit your completed Statement by email or facsimile transmission to your elections official, or by other electronic means made available by your elections official, or submit your completed Statement to a polling place within the county or a ballot drop-off box before the close of the polls on Election Day.
- 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.

**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.

**Text:** You may use our Text2Cure option which allows you to cure your ballot signature through text. To use this option text **SJCURE** to **28683** for further instructions.

**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.**



**- VOTER STATEMENT -**

Voter's Name: \_\_\_\_\_  
(Please print your name as it appears on your voter registration)

Voter's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

Voter's Residence Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

I, \_\_\_\_\_, am a registered voter of San Joaquin County, State of California.

I declare under penalty of perjury that I received and returned a vote by mail or provisional ballot and that I have not and will not vote 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 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 or provisional ballot will be invalidated.

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.)

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

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

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