



READ THESE 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 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**. Please fill out the statement below and sign on the line above "Voter's Signature".

- 1. Drop off your signed statement at the ballot lock box on Election Day only!** You may drop off your Verification Signature Statement at the ballot lock box located at the **Loyalton City Hall Auditorium**, 605 School Street, before the close of polls (8:00 p.m.) on Election Day, **November 5, 2019**.
- 2. Come to the Registrar of Voters' Office in person.** You may come to our office at the address below, Monday through Friday 9:00 a.m. to 12:00 p.m. and 1:00 to 4:00 p.m to return the Signature Verification Statement. This must be received by our office by **5:00 p.m. on November 13, 2019**.
- 3. Mail your signed statement to our office in the enclosed postage-paid envelope.** The Signature Verification Statement must be received by our office by **5:00 p.m. on November 13, 2019**. Postmarks will not be accepted.
- 4. Fax the signed statement to our office.** Your faxed statement must be received by our office by **5:00 p.m. on November 13, 2019**. The Vote by Mail fax number is (530) 289-2830.
- 5. Email the signed statement to our office.** Your emailed statement must be received by our office by **5:00 p.m. on November 13, 2019**. The email address is clerk-recorder@sierracounty.ca.gov.

VERIFICATION SIGNATURE STATEMENT

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

State of California. I declare under penalty of perjury 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 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 be invalidated.

(Signed) _____
Voter's Signature (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 _____, 2019.

Residence Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code