## **COUNTY OF SACRAMENTO**

Voter Registration and Elections Vote by Mail 7000 65<sup>th</sup> Street, Suite A Sacramento, CA 95823 (916) 875-6155 | Fax (916) 854-9796 vbm@saccounty.gov

## **General Election**

Tuesday November 8, 2022

## SIGNATURE VERIFICATION STATEMENT

NOTICE TO VOTER – THE SIGNATURE ON YOUR BALLOT ENVELOPE DID NOT MATCH THE SIGNATURE(S) WE HAVE ON FILE.

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

## You must use one of the following options to return this completed statement:

- **Drop off signed statement** at any Vote Center or Ballot Drop Box location for Sacramento County on or before 8:00 p.m. on Election Day, Tuesday November 8, 2022.
- **Email signed statement** to <a href="mailto:vbm@saccounty.gov">vbm@saccounty.gov</a>. It must be received no later than 5:00 p.m. on November 28, 2022.
- Fax signed statement to (916) 854-9796. It must be received no later than 5:00 p.m. on November 28, 2022.
- Mail signed statement in the enclosed envelope to our office. It must be received at our office (address above) before 5:00 p.m. on November 28, 2022. Postmarks will not count.
- Come to our office in person (address above) Monday Friday 8:00 a.m. to 5:00 p.m. and return your completed Signature Verification Statement. This must be done before 5:00 p.m. on November 28, 2022.

COMPLETE ALL INFORMATION			
State of California. I do so than one ballot in this election abet fraud or attempt to	Print Name of Voter)  lemnly swear (or affirm) that I returned a Mail Ballot and the stion. I understand that if I commit or attempt any fraud in caid or abet fraud in connection with voting, I may be consort two or three years. I understand that my failure to seconted.	nt I have not onnection we nvicted of a	and will not vote more ith voting, or if I aid or felony punishable by
Signature of Voter:	(Power of attorney cannot be accepted)	_ Date:	
Witness to Voter's Mark:	(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person	)	
Residential Address:			
City, State, Zip Code:	Pho Nun	ne nber:	