

**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](mailto: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 [vbm@saccounty.gov](mailto:vbm@saccounty.gov). 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**

I, \_\_\_\_\_, am a registered voter of Sacramento County,  
(Print Name of Voter)

State of California. I do solemnly swear (or affirm) that I returned a Mail Ballot and that I have not and will not vote more than one ballot in this election. 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 ballot is not eligible to be counted.

Signature of Voter:	_____	Date:	_____
	<small>(Power of attorney cannot be accepted)</small>		
Witness to Voter's Mark:	_____		
	<small>(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)</small>		
Residential Address:	_____		
City, State, Zip Code:	_____	Phone Number:	_____