



Sutter County Elections

1435 Veterans Memorial Circle
Yuba City, CA 95993
(530) 822-7122 Fax (530) 822-7587

Dear Voter:

We have determined that the signature you provided on your vote-by-mail or provisional ballot identification envelope does not 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, a Signature Verification Statement must be completed and returned as soon as possible.

Options:

- **Come to our office in person** and sign your original Vote by Mail Ballot envelope, Monday through Friday 8:00 am to 5:00 pm before Election Day *November 3, 2020*, or on Election Day between 7:00 am and 8:00 pm.

OR

- **Complete the statement below. After SIGNING, mail this statement in the enclosed postage paid envelope.** It must be received at our office at 1435 Veterans Memorial Circle Yuba City before 5:00 pm on Friday, *November 20, 2020*. Postmarks will not count.

OR

- **Fax the SIGNED statement** to 530-822-7587. It must be received at our office before 5:00 pm on *November 20, 2020*.

OR

- **Deliver the completed statement** to any poll place by 8 p.m. on **Election Day**.

Regardless of how your completed Challenged Ballot Statement is returned, it must be received at the Elections Office at the address above before *November 20, 2020* at 5:00 pm.

Signature Verification Statement & Instructions EC 3019

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.

COMPLETE ALL INFORMATION:

I, _____ (Print Name) am a registered voter of Sutter County, State of California.

I declare under penalty of perjury that I requested 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 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 _____, 2020.

Residence address: _____
Street Address City Zip Code

