



Sutter County Elections

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

Unsigned Ballot Envelope Statement EC 3019 NOTICE TO VOTER – YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

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

- **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 *Nov. 6, 2018*, or on Election Day between 7:00 am and 8:00 pm.

OR

- **After SIGNING, mail your Unsigned Ballot Envelope Statement to our office.** It must be received at our office at 1435 Veterans Memorial Circle Yuba City before 5:00 pm on *November 14, 2018*. Postmarks will not count. If you choose to mail your statement, YOU MUST PLACE POSTAGE on the envelope or the Post Office will not deliver it.

OR

- **Fax the SIGNED Statement** to 530-822-7587. It must be received at our office before 5:00 pm on *November 14, 2018*.

OR

- **Deliver the SIGNED statement** to any poll place by 8 p.m. on **Election Day *November 6, 2018***.

OR

- **Email the SIGNED statement** to: elections@co.sutter.ca.us

Regardless of how your completed Unsigned Ballot Statement is returned, it must be received at the Elections Office at the address above before 5:00 pm, on November 14, 2018.

COMPLETE ALL INFORMATION:

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

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 _____, 2018.

Residence address: _____
Street Address City Zip Code

Mailing address: _____
P.O. Box or Street Address City Zip Code