



# 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 *December 4, 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 before 5:00 pm on *December 12, 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 *December 12, 2018*.

**OR**

- **Deliver the SIGNED statement** to any poll place by 8 p.m. on **Election Day *December 4, 2018***.

**OR**

- **Email the SIGNED statement** to: [elections@co.sutter.ca.us](mailto: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 December 12, 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