



Sutter County Elections

1435 Veterans Memorial Circle
Yuba City, CA 95993
(530) 822-7122 Fax (530) 822-7587
Email: elections@co.sutter.ca.us

Signature Verification Statement

EC 3019

READ THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

1. We have determined that the signature you provided on your vote-by-mail or provisional ballot envelope does not compare with 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.
2. Your completed statement must be received by our office no later than 5 p.m. two days prior to certification of the election.
3. You must sign your name below where specified on the Signature Verification Statement (Voter's Signature).
4. Send the Signature Verification Statement by mail in the postage-paid return envelope, or have it delivered, or by email to: elections@co.sutter.ca.us or facsimile to 530-822-7587.
5. Please note that the signature provided on the statement may be added to your registration record to be used for signature comparison purposes in the future.

SIGNATURE VERIFICATION STATEMENT:

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 _____, _____.

Residence address: _____
Street Address City Zip Code

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