



COUNTY OF YOLO

ELECTIONS OFFICE
625 COURT STREET, ROOM B-05, WOODLAND CA 95695
(P) 530.666.8133 (F) 530.666.8123

JESSE SALINAS
REGISTRAR OF VOTERS



Unsigned Ballot Statement **READ THESE INSTRUCTIONS CAREFULLY,** **FAILURE TO FOLLOW THESE INSTRUCTIONS** **MAY CAUSE YOUR BALLOT NOT TO COUNT.**

1. In order to ensure that your vote-by-mail ballot will be counted, your Unsigned Ballot Statement should be completed and returned as soon as possible so that it can reach our office **no later than 5 p.m. on the eighth day after the election.**
2. You must sign your name below where specified on the Unsigned Ballot Statement (Voter's Signature).
3. The Unsigned Ballot Statement may be mailed or delivered to 625 court street, B-05 Woodland, CA, emailed to cntyclrk@yoloelections.org, or faxed to (530) 666-8123. Be sure there is sufficient postage if mailed and that the address of our office. **Postmarks will not count.**

SIGNATURE VERIFICATION STATEMENT

I, _____, am a registered voter of **YOLO** County, State of California.

I declare under penalty of perjury that I requested and returned a vote-by-mail ballot. 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.

Address

Signature

Witness (If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)

Date