

# PLUMAS COUNTY ELECTIONS

520 MAIN STREET, ROOM 102, QUINCY, CA 95971

(530) 283-6256 1 (844)-676-VOTE toll free Fax (530) 283-6155 [elections@countyofplumas.com](mailto:elections@countyofplumas.com)

## - NOTICE TO VOTER -

### YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

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


- **Come to our office in person** to sign your original Vote by Mail ballot envelope, Monday through Friday 8:00 am to 5:00 pm, no later than two days prior to the certification of the election.  
**OR**
- **SIGN** the Unsigned Ballot Envelope Statement and return it to our office or drop in the Ballot Return Box located at the entrance to the Courthouse on Election Day prior to 8:00 pm  
**OR**
- **Fax or Scan and email the SIGNED statement to our office.** It must be received at our office before 5:00 pm two days prior to the certification of the election. Fax 530-283-6155 email [elections@countyofplumas.com](mailto:elections@countyofplumas.com)
- **After SIGNING, return this Statement in the enclosed envelope to our office.** It must be received at our office at 520 Main Street, Room 102 in Quincy before 5:00 pm two days prior to the certification of the election. Postmarks will not count. **If you choose to mail your statement, YOU MUST PLACE PROPER POSTAGE on the return envelope or the post office will not deliver it.**

## Unsigned Ballot Envelope Statement

I, \_\_\_\_\_, am a registered voter of Plumas County,  
Print Name of Voter

State of California. I declare under the penalty of perjury that I returned a Vote by Mail ballot and that I have not and will not vote more than one ballot in this election. I am the person whose name appears on the return ID 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 is not eligible to be counted.

### COMPLETE ALL INFORMATION:

(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

Mailing address: \_\_\_\_\_  
Street Address City Zip Code