

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

NOTICE TO VOTER

YOUR SIGNATURE ON YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE DOES NOT MATCH YOUR VOTER REGISTRATION RECORD

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED

- We have determined that the signature you provided on your Vote By Mail ballot return ID envelope does not match the signature on file in your voter record. For your ballot to be counted, the Signature Verification Statement below must be completed and returned to the Elections Department as soon as possible.
- This Signature Verification Statement must be received by the Elections Department where you are registered to vote no later than 5:00 p.m. two days prior to certification of the election. **You must sign your own signature below.**
- **Come in** to our office in person with this signed Signature Verification Form, Monday through Friday 8:00 am to 5:00 pm, **OR**
- **Sign** the Signature Verification Statement and **mail** it to our office, postmarks will not count. If you mail your statement, **YOU MUST PLACE PROPER POSTAGE** on your envelope or the post office will not deliver it, **OR**
- **Fax or Scan and Email the SIGNED statement to our office.** Fax (530) 283-6155, **Email** statement to elections@countyofplumas.com

Signature Verification Statement

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

State of California. I declare under penalty of perjury that I returned a Vote by Mail ballot and that I have not and will not vote more than on 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.

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: _____

Post Office Box or Street Address

City

Zip Code