

County of El Dorado
Election Department
2850 Fairlane Court, Placerville CA 95667
PO Box 678001, Placerville CA 95667
(530) 621-7480 Fax (530) 626-5514 vbm@edcgov.us

Verification Signature Statement
NOTICE TO VOTER – YOUR SIGNATURE ON YOUR
VOTE BY MAIL BALLOT RETURN ENVELOPE DID NOT MATCH

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

- In order to ensure that your vote by mail ballot will be counted, your statement should be completed and returned as soon as possible so that it can reach the elections official of the county in which your precinct is located no later than 5 p.m. two days prior to certification of the election.
- You must sign your name on the line below (Voter's Signature).
- Place the statement into a mailing envelope addressed to your local elections official. Mail, deliver, or have delivered the completed statement to the elections official. Be sure there is sufficient postage if mailed and that the address of the elections official is correct.
- Alternatively, you may submit your completed statement by facsimile transmission or email to your local elections official, **or** submit your completed statement to a polling place within the county **or** a ballot drop-off box before the close of the polls on election day.

COMPLETE ALL INFORMATION

I, _____, am a registered voter of El Dorado County, State of 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 who's 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)

Street Address City Zip Code

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

Residence Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code