



# SONOMA COUNTY

Clerk-Recorder-Assessor

www.sonoma-county.org/cra

REGISTRAR OF  
VOTERS DIVISION

P.O. Box 11485  
435 Fiscal Dr.  
Santa Rosa, CA 95406  
Tel: (707) 565-6800  
Toll Free (CA only):  
(800) 750-VOTE  
Fax: (707) 565-6843

**IF THE SIGNATURE ON YOUR BLUE RETURN ENVELOPE DOES NOT MATCH THE SIGNATURE WE HAVE ON FILE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

**YOUR SIGNATURE MAY HAVE CHANGED OVER TIME. TO UPDATE YOUR SIGNATURE ON FILE AND ENSURE YOUR BALLOT IS COUNTED, DO ONE OF THE FOLLOWING AS SOON AS POSSIBLE AND AT LEAST TWO DAYS BEFORE THE ELECTION IS CERTIFIED. CONTACT THE REGISTRAR OF VOTERS FOR THE ANTICIPATED DATE OF CERTIFICATION, 707-565-6800:**

- RE-SIGN YOUR BALLOT ENVELOPE AND UPDATE YOUR SIGNATURE IN PERSON at the Registrar of Voters Office, 435 Fiscal Dr., Santa Rosa, CA 95403, Monday-Friday, 8 am-5 pm as soon as possible after receiving this letter and at least two days before certification of the election.
- COMPLETE THE "SIGNATURE VERIFICATION STATEMENT" BELOW as soon as possible and return it at least two days before certification of the election:
  - In-person or by mail to the Registrar of Voters Office, 435 Fiscal Drive, Santa Rosa, CA 95403; or
  - In person to any polling place on Election Day, between 7 am-8 pm; or
  - By facsimile transmission to 707-565-6862; or
  - By email to ROV-UBS@Sonoma-County.org.

*Respond ASAP and at least two days before the election is certified to ensure your ballot is counted!*

**Questions? Call (707) 565-6800 or 1-800-750-VOTE (toll free)**

## SIGNATURE VERIFICATION STATEMENT

**COMPLETE ALL REQUIRED INFORMATION (\*):**

I \_\_\_\_\_ am a registered voter of Sonoma County,  
\* (print name of voter)

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 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.

\* Voter Signature \_\_\_\_\_

(Witness) \_\_\_\_\_  
(optional: if voter is unable to sign, s/he may make a mark witnessed by one person)

\* Date signed \_\_\_\_\_  
(month/day/year)

\* Residence address: \_\_\_\_\_  
Street Address City Zip

**Signature Verification Statements must be received by the Registrar of Voters Office no later than 5 pm two days prior to certification of the election for the ballot to be counted (a postmark is not sufficient).**