



SONOMA COUNTY

Deva Marie Proto
Clerk-Recorder-Assessor-Registrar of Voters
SoCoVotes.com

Registrar of Voters

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

Please carefully read the instructions below before completing the “Unsigned Identification Envelope Statement.”

You may not have signed your Vote by Mail or provisional ballot envelope. To ensure your ballot is counted, return this form as soon as possible. This form must be received by our office no later than **5 p.m. two (2) days prior to certification of the election.*** Failure to complete and return this form on time may cause your ballot not to count.

You may return this form by:

- Mail – Registrar of Voters Office, PO Box 11485, Santa Rosa, CA 95406
- In Person – Registrar of Voters Office, 435 Fiscal Dr, Santa Rosa, CA 95403 (M – F, 8 a.m. to 5 p.m.)
- Drop Box – to any Official Ballot Drop Box or Vote Center by 8 p.m. on Election Day (sonomacounty.ca.gov/where-to-vote/)
- Email – ROV-UBS@Sonoma-County.org
- Fax – (707) 565-6862

*Contact our office for the anticipated date of certification.

If you have questions about this notice call (707) 565-6800, or toll-free (800) 750-VOTE (8683).



UNSIGNED IDENTIFICATION ENVELOPE STATEMENT

Voter Name: _____ **Date of Birth:** _____
Print Your Name month/day/year

Residential Address: _____
Street Address (NO PO BOX) City Zip Code

I am a registered voter of Sonoma County, State of California. I declare under penalty of perjury that I returned a Vote by Mail or provisional 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 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 ballot may not be counted. **Voter, sign inside signature box below (power of attorney cannot be accepted).** Spouses and other family members may not sign for one another.

X **Date:** _____
Voter Signature (power of attorney cannot be accepted) month/day/year

If voter is unable to sign, they may make a mark which shall be witnessed by one person.

Witness Signature X _____

ROV OFFICE USE ONLY				
Processed by: _____				
(EIMS)	G	C	TL	