



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

In order for your Vote by Mail Ballot to be counted, fill out the statement below and sign on the line above "Voter's Signature", and choose one of the following return options:

- 1. Come to the Registrar of Voters' Office in person.** You may come to our office at the address below, Monday through Friday 8:00 a.m. to 5:00 p.m. to **SIGN** your original Vote by Mail ballot envelope or return the Signature Verification Statement. This must be done **by 5:00 p.m. on the twenty-eighth day after the election.**
- 2. Drop off your signed statement at any Official Ballot Drop Box location within Santa Clara County.** You may drop off your Signature Verification Statement at any Official Ballot Drop Box location in Santa Clara County **by 8:00 p.m. on Election Day.** Please visit www.sccvote.org for a **complete list and schedule of the Official Ballot Drop Box locations.**
- 3. Mail your signed statement to our office in the enclosed postage-paid envelope.** The Signature Verification Statement must be received by our office at the address below **by 5:00 p.m. on the twenty-eighth day after the election.** Postmarks will not be accepted.
- 4. Fax the signed statement to our office.** Your faxed statement **must be received by our office by 5:00 p.m. on the twenty-eighth day after the election.** The Vote by Mail fax number is 1(408) 293-6002.
- 5. Email the signed statement to our office.** Your emailed statement **must be received by our office by 5:00 p.m. on the twenty-eighth day after the election.** The email address is votebymail@rov.sccgov.org

SIGNATURE VERIFICATION STATEMENT

I, _____, am a registered voter of Santa Clara County,
(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.

(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 _____, year _____.

Residence Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code