

Your signature on your vote by mail ballot envelope does not match.

Read these instructions carefully before completing the statement. Failure to follow these instructions may cause your vote by mail ballot not to count.

The Shasta County Elections Department received your vote by mail or provisional ballot envelope with a signature that does not match your signature on file in your voter record. For your ballot to be counted, we must get your current signature before 5:00 pm June 24, 2022.

Complete and submit the signature verification statement below. (Elections Code §3019)

Return your statement using one of the following methods:

- Drop off completed, signed statement to any polling place on Election day.
- Drop off completed, signed statement to any Official Ballot Drop Box by 8:00 pm on Election day.
- Deliver completed, signed statement to the Elections Office.
- Mail completed, signed statement to the Elections Office.
- Fax completed, signed statement or photocopy to the Elections Office 530-225-5454.
- Email completed, signed statement to the Elections Office, votebymail@co.shasta.ca.us.

Signature Verification Statement

I, _____, am a registered voter of Shasta County, State of California. I declare under penalty of perjury that I requested and returned a vote by mail ballot. 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.

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.

I understand that the signature provided on this statement may be added to my registration record to be used for signature comparison purposes in future elections.

Voter's Signature: _____ Date: _____

If the voter cannot sign his/her name, have the voter make a mark above and then the witness signs here:

Residential Address: _____

City: _____ State: _____ Zip: _____