

COUNTY OF SACRAMENTO

Voter Registration and Elections

Vote by Mail

7000 65th Street, Suite A

Sacramento, CA 95823

(916) 875-6155 | Fax (916) 854-9796

vbm@saccounty.net

California Gubernatorial Recall Election

Tuesday, September 14, 2021

UNSIGNED BALLOT STATEMENT

**NOTICE TO VOTER – YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE.
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS STATEMENT.
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.**

You must use one of the following options to return this completed statement:

- **Drop off signed statement** at any Vote Center or Ballot Drop Box location for Sacramento County on or before 8:00 p.m. on Election Day, September 14, 2021.
- **Email signed statement** to vbm@saccounty.net. It must be received no later than 5:00 p.m. on October 1, 2021.
- **Fax signed statement** to (916) 854-9796. It must be received no later than 5:00 p.m. on October 1, 2021.
- **Mail signed statement in the enclosed envelope to our office.** It must be received at our office (address above) before 5:00 p.m. on October 1, 2021. Postmarks will not count.
- **Come to our office in person** (address above) Monday - Friday 8:00 a.m. to 5:00 p.m. and return your completed Signature Verification Statement. This must be done before 5:00 p.m. on October 1, 2021.

COMPLETE ALL INFORMATION – YOUR SIGNATURE MUST MATCH YOUR SIGNATURE ON FILE IN YOUR VOTER RECORD

I, _____, am a registered voter of Sacramento County,
(Print Name of Voter)
State of California. I do solemnly swear (or affirm) that I returned a Mail Ballot and that I have not and will not vote more than one ballot in this election. 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 is not eligible to be counted.

Signature of Voter:	_____	Date:	_____
	<small>(Power of attorney cannot be accepted)</small>		
Witness to Voter's Mark:	_____		
	<small>(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)</small>		
Residential Address:	_____		
City, State, Zip Code:	_____	Phone Number:	_____