

SISKIYOU COUNTY CLERK'S OFFICE

510 N. Main Street, Yreka, CA 96097

Phone (530) 842-8084 Fax (530) 841-4110 email elections@sisgvotes.org

Unsigned Ballot Envelope Statement

NOTICE TO VOTER –

YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNT

- **Come to our office in person** to sign your original Vote-by-Mail Ballot envelope by 4:00pm on the eighth (8th) day after the election. (Regular office hours are Monday through Friday; 9:00am to 12:00pm and 1:00pm to 4:00pm) **OR**
- **SIGN** this form and return it to our office or any polling place in Siskiyou County on Election Day, prior to 8:00 pm. **OR**
- **After SIGNING, mail the Unsigned Ballot Envelope Statement** to the County Clerk's Office, 510 N. Main Street, Yreka, CA 96097. It must be received at our office at 510 N. Main Street, Yreka; before 4:00pm on the eighth (8th) day after the election. Postmarks do not count. **OR**
- **Fax or Scan the SIGNED statement to our office.** It must be received at our office before 4:00pm on the eighth (8th) day after the election. Fax (530) 841-4110; email elections@sisgvotes.org

I, _____, am a registered voter of Siskiyou County,
Print Name of Voter

State of California. I declare under penalty of perjury that I 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 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.

COMPLETE ALL INFORMATION:

(Signed) _____
Voter's Signature



(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 _____

Residence address: _____
Street Address City Zip Code

Mailing address: _____
City Zip Code