**TEHAMA COUNTY ELECTIONS**

**PO BOX 250**

**RED BLUFF, CA 96080**

**READ INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS**

**MAY CAUSE YOUR VOTE BY MAIL BALLOT NOT TO COUNT.**

We have determined that the signature you provided on your vote by mail ballot does not match the signature(s) on file in your voter record. In order to ensure that your vote by mail ballot will be counted, the Signature Verification Statement must be completed and returned as soon as possible.

The Signature Verification Statement must be received by the elections official of the county where you are registered to vote **no later than 5 p.m. March 17, 2020.**

If you do not wish to send the Signature Verification Statement by mail or have it delivered, you may submit your completed Signature Verification Statement by email or facsimile transmission.

In order for your ballot to count:

* **SIGN this letter and deliver it or have it delivered to our office in person** at 633 Washington Street, Room 17, Red Bluff, CA 96080, Monday through Friday 8:00 am to 12:00 pm or 1:00 pm to 5:00 pm **by 5:00 pm on March 17, 2020**; OR
* **SIGN this letter and deliver it any polling location on Election Day or the Ballot Drop Box** located on the corner of Madison and Pine Streets, near the old County Library prior to 8**:00 pm on Election Day, March 3, 2020**; OR
* **SIGN this letter and return it to our office via mail.** After signing, mail your statement in the enclosed envelope with sufficient postage to our office. It must be received at our office at PO Box 250, Red Bluff, CA 96080 before **5:00 pm on March 17, 2020.** Postmarks will not count; OR
* **Fax or Scan and email this letter to our office**. It must be received at our office before **5:00 pm on March 17, 2020**. Fax (530) 527-1140, email: [elections@](mailto:elections@)co.tehama.ca.us

**Signature Verification Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am a registered voter of Tehama County, California. (Print Name of Voter)

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 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** (power of attorney cannot be accepted)

Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

Residence address:

Street Address City Zip Code

Mailing address:

Street Address City Zip Code

Signature Verification Statement