



**SONOMA COUNTY**  
Clerk-Recorder-Assessor  
www.sonoma-county.org/cra

REGISTRAR OF  
VOTERS DIVISION

P.O. Box 11485  
435 Fiscal Dr.  
Santa Rosa, CA 95406  
Tel: (707) 565-6800  
Toll Free (CA only):  
(800) 750-VOTE  
Fax: (707) 565-6843

**IF YOU DID NOT SIGN YOUR BLUE RETURN ENVELOPE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

To ensure your Vote by Mail ballot is counted, choose one option below:

- SIGN YOUR BALLOT ENVELOPE IN PERSON at the Registrar of Voters Office, 435 Fiscal Dr., Santa Rosa, CA 95403, Monday-Friday, 8 am-5 pm on within 8 calendar days of the election; **OR**
- COMPLETE THE "UNSIGNED BALLOT STATEMENT" and return it on or before 5pm on the 8<sup>th</sup> calendar day following the election:
  - In-person or by mail to the Registrar of Voters Office, 435 Fiscal Drive, Santa Rosa, CA 95403; or
  - In person to any polling place on Election Day, between 7 am-8 pm; or
  - By facsimile transmission to 707-565-6862; or
  - By email to [ROV-UBS@Sonoma-County.org](mailto:ROV-UBS@Sonoma-County.org).

**Questions? Call (707) 565-6800 or 1-800-750-VOTE (toll free)**

**UNSIGNED BALLOT STATEMENT**

**COMPLETE ALL REQUIRED INFORMATION (\*):**

I \_\_\_\_\_ am a registered voter of Sonoma County,  
\* (print 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.

\* Voter Signature \_\_\_\_\_

(Witness) \_\_\_\_\_  
(optional: if voter is unable to sign, s/he may make a mark witnessed by one person)

\* Date signed \_\_\_\_\_  
(month/day/year)

\* Residence address: \_\_\_\_\_  
Street Address City Zip

**Unsigned Ballot Statements must be received by the Registrar of Voters Office no later than 5 pm on the 8<sup>th</sup> calendar day following the election for the ballot to be counted (a postmark is not sufficient).**