

SONOMA COUNTY

Deva Marie Proto Clerk-Recorder-Assessor http://sonomacounty.ca.gov/vote Registrar of Voters

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

Election Voter Fraud/Voter Complaint Form

Please type or clearly print all information on this form.

Complainant Informat	<u>ion</u>		
Name (Last, First Middle	e)		
Address			
City		Zip Code	
Date of Birth	Phone Number		
Email address			
Details of complaint or locations and people inv	incident of voter fraud – provide olved, if known. Attach additional	as much information as possible, includin pages, if necessary.	ng dates
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	of perjury that the above information issue at hand, to the best of my kn	n and any attached documentation is a true owledge.	e and
Signature		Date	_