

COUNTY OF EL DORADO

Elections

PO Box 678001

Placerville, CA 95667

(530) 621-7480 | (800) 730-4322

Fax (530) 677-1014 | ybm@edcgov.us

General Election – November 5, 2024

SIGNATURE VERIFICATION STATEMENT

NOTICE TO VOTER – THE SIGNATURE ON YOUR BALLOT ENVELOPE DID NOT MATCH THE SIGNATURE(S) WE HAVE ON FILE.

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:

- **Drop off signed statement.** You may drop off your completed Signature Verification Statement at any Vote Center or Ballot Drop Box location for El Dorado County on or before 8:00 p.m. on Election Day, November 5, 2024.
- **Email signed statement to our office.** You may email your completed Signature Verification Statement to ybm@edcgov.us. It must be received no later than 5:00 p.m. two days prior to the certification of the election.
- **Fax signed statement to our office.** You may fax your completed Signature Verification Statement to (530) 677-1014. It must be received no later than 5:00 p.m. two days prior to the certification of the election.
- **Mail signed statement in an envelope to our office.** This Signature Verification Statement must be received at our office (PO Box 678001, Placerville, CA 95667) before 5:00 p.m. two days prior to the certification of the election. Postmarks will not count. If you choose to return your statement via mail, YOU MUST PLACE POSTAGE on your return envelope.
- **Come to our office in person.** You may come to our office located at 3883 Ponderosa Road, Shingle Springs, CA 95682, Monday through 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. two days prior to the certification of the election.

COMPLETE ALL INFORMATION

I, _____, am a registered voter of El Dorado 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:

_____ (Power of attorney cannot be accepted)

Date:

Witness to Voter’s Mark:

_____ (If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)

Residential Address:

City, State, Zip Code:
