



ELECTIONS DEPARTMENT

Providing a responsive, transparent, and professional approach to conducting elections.

NOTICE

Lynda Roberts
REGISTRAR OF VOTERS

Melvin Briones
ASSISTANT REGISTRAR OF
VOTERS

PO Box E
San Rafael, CA 94913

Marin County Civic Center
3501 Civic Center Drive
Suite 121
San Rafael, CA 94903
415 473 6456 T
415 473 6447 F
415 473 6899 TTY
www.marinvotes.org
elections@marincounty.org

If the signature on your ballot return envelope does not match your voter registration form, the Elections Department will send a letter with a postage-paid envelope so you can correct the problem. Or you may print and complete this form and return it as indicated in the instructions. **If you returned a signature update card**, we may not have received it, or we may have received it late in the process, or there may be other issues with the card. **You must act on this letter so we can process your ballot.**

Complete the Signature Verification Form below. We will compare the signature on this form to your voter registration record. The signatures must compare, or your ballot will not be counted. The signature provided on the complete Statement may be added to your registration record to be used for signature comparison purposes in future elections.

Deadline return the Signature Verification Form is
5 p.m. two (2) days before the election is certified.

Options for returning the completed form:

- **Come to the Elections Office**
3501 Civic Center Drive, Room 121, San Rafael, CA 94903
We are open weekdays - 8:00 a.m. to 4:30 p.m.
We are open Election Day - 7:00 a.m. to 8:00 p.m.
- **Print and mail completed form to Elections Department**
P.O. Box E, San Rafael, CA 94913-3904
- **Drop off at any polling location in Marin during early voting or on Election Day in an envelope addressed to the Elections Department (Polling locations not available for Vote-by-Mail Special Elections)**
Find poll locations on our website www.marinvotes.org
- **Scan and email**
votebyemail@marincounty.org
- **Fax**
415-473-4244 or 415-473-6447

If you have questions, please call the office.
415-473-6441 or 415-473-6456

Sincerely,
Lynda Roberts
Registrar of Voters

Letter.VBM no match signature

MARIN COUNTY ELECTIONS

Signature Verification Form

Please complete and return this form **as soon as possible** so we can compare the signature with your voter registration record.

I declare under penalty of perjury that the following is true and correct:

- I am a registered voter of Marin County, State of California.
- 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.

Name (print)	
Birth Date	
Residential Address	
City, State, Zip	
Date	
Signature <i>(if you have multiple signatures please sign all of them)</i> <u>We compare the signature on this form to your voter registration record</u>	

The Elections Department must receive this form no later than **5 p.m. two (2) days before the election is certified.** Postmark does not count.

See above for instructions about returning this form.

**If you have questions, please call our office.
415-473-6441 or 415-473-6456**