



# ELECTIONS DEPARTMENT

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

Lynda Roberts  
REGISTRAR OF VOTERS

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ASSISTANT REGISTRAR OF  
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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

## URGENT – REQUIRES ACTION

**Your signature was missing from your ballot envelope - OR - did not compare to your signature on file.  
For your ballot to count, you must return this form by  
5PM, Sunday, December 1, 2024.**

### STATEMENT

I, \_\_\_\_\_, am a registered voter of Marin County, State of California. I declare under penalty of perjury that I requested (or I received) and returned a 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 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 my ballot will be invalidated.**

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Print Full Name (as registered to vote)

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Voter's signature *(if you have multiple signatures, please sign all of them)*

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Address

Your signature **must compare with** the signature on file to be counted.

**Instructions and Return Information on PAGE 2**

READ THESE INSTRUCTIONS CAREFULLY.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

1. We have determined that the signature you provided on your ballot identification envelope does not compare with the signature(s) on file in your voter record **OR** that you did not sign your ballot identification envelope.
2. You must sign your name where specified on page 1 and include your address. To ensure that your ballot will be counted, this completed Statement must be received by our office as soon as possible, but no later than 5 PM two days prior to certification of the election.
3. You must sign your name where specified on the Signature Verification Statement (Voter's Signature).
4. If you do not wish to send the Signature Verification Statement by mail or have it delivered, you may submit your completed statement by email or fax to the Marin County Elections Department, or submit your completed statement to a vote center within Marin County or a ballot drop-off box before 8 PM on Election Day.
5. Please note that the signature provided on the completed Statement may be added to your registration record to be used for signature comparison purposes in future elections.

Deadline to cure your envelope signature or return this statement is  
**5 PM, Sunday, December 1, 2024.**

**\* RETURN OPTIONS \***

**Until 8:00 PM Election Day, November 5**

- Drop off at any vote center or ballot drop box; check [www.marinvotes.org](http://www.marinvotes.org) for locations and hours of operation

**Until 5:00 PM on Sunday, December 1**

- **During Regular Business Hours**
  - Come to the Elections Office to sign your return envelope or drop off this form
    - Weekdays - 8 AM to 4:30 PM; **closed holidays**
    - Weekends - 9 AM to 5 PM
- **Mail, Scan, Fax**
  - Mail in the postage-paid pre-addressed return envelope provided
  - Scan or take a picture and email to [votebymail@marincounty.org](mailto:votebymail@marincounty.org)
  - Fax to 1.415.473.4244 **or** 1.415.473.6447

**From Wednesday, November 13 open 24 hours to Sunday, December 1 until 5 PM**

- Drive-thru drop box, Civic Center North Archway  
3501 Civic Center Drive (Vera Schultz Drive), San Rafael

If you have any questions, please call 1-415-473-6456

Sincerely,

Lynda Roberts  
Registrar of Voters

Letter.VBM no signature / missing signature