SIGNATURE VERIFICATION STATEMENT INSTRUCTIONS
November 3, 2020 Presidential General Election

Read these instructions carefully before completing and signing the statement. If you do not follow these instructions it may cause your ballot not to be counted.

We have determined that the signature you provided on your Vote By Mail Ballot identification envelope does not match the signature(s) on file in your voter record. In order to ensure that your Vote By Mail Ballot will be counted, the Signature Verification Statement must be completed and returned by the date listed below.

Choose one of the following ways to return your completed Signature Verification Statement:

- **Drop off at an In-Person Voting Location** throughout the county starting October 31 through November 3, 2020. For more information on the In-Person Voting Locations go to https://recorder.countyofventura.org/november-3-2020-presidential-general-election-in-person-voting-locations/.

- **Drop in a Ballot Drop-off Box** your completed Signature Verification Statement. Locations of the Ballot Drop-off Boxes are on our website at https://recorder.countyofventura.org/november-3-2020-presidential-general-election/. The statement must be dropped off no later than November 25, 2020.

- **Mail** your completed Signature Verification Statement in an envelope addressed to: Elections Division, OFFICIAL BALLOT INFORMATION, 800 South Victoria Avenue, Ventura, CA 93009-1200. Your completed statement must be received by November 25, 2020. **Postmarks will not be accepted.**

- **Email** your completed Signature Verification Statement to VenturaVoterRegistration@ventura.org. The statement must be received by November 25, 2020.

- **Fax** your completed Signature Verification Statement to (805) 648-9200. The statement must be received by November 25, 2020.

**SIGNATURE VERIFICATION STATEMENT**

I, ____________________________, am a registered voter of Ventura County, State of California. Print Name of Voter

I declare under penalty of perjury that 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.

______________________________ Date of Birth: ______________________
Voter’s Signature (power of attorney cannot be accepted)

______________________________ Date: ______________________
Witness: (If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)

______________________________
Residence address: Street Address City State Zip Code