



**READ THESE INSTRUCTIONS CAREFULLY.
FAILURE TO FOLLOW THESE INSTRUCTIONS
MAY CAUSE YOUR BALLOT NOT TO BE
COUNTED.**



In order for your Provisional Ballot to be processed, fill out the statement below and sign on the line above "Voter's Signature". You may return your signed statement using any of the following return options:

- 1. Email the signed and completed statement to our office.** The emailed statement must be received by our office no later than **5:00 PM on December 1, 2020**. The email address is voterinfo@rov.sccgov.org.
- 2. Mail the signed and completed statement to our office in the enclosed postage-paid envelope.** The statement must be received by our office at the address below no later than **5:00 PM on December 1, 2020**. Postmarks will not be accepted.
- 3. Fax the signed and completed statement to our office.** The faxed statement must be received no later than **5:00 PM on December 1, 2020**. The fax number is 408-998-7314.
- 4. In person at the Registrar of Voters' Office.** You may come to our office at the address below, Monday through Friday 8:00 AM to 5:00 PM to RE-SIGN your original Provisional Ballot envelope or return the Signature Verification Statement. This must be done no later than **5:00 PM on December 1, 2020**.

SIGNATURE VERIFICATION STATEMENT

I, _____, am a registered voter of Santa Clara County,
(Name of Voter)

State of California. I declare under penalty of perjury that I am the person whose name appears on the Provisional 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 provisional ballot will not be processed for counting.

(Signed) _____
Voter's Signature (power of attorney cannot be accepted)

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

Dated this _____ day of _____, 2020.

Residence Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

County of Santa Clara Registrar of Voters
Address: 1555 Berger Drive, Building 2, San Jose, CA 95112
Mailing Address: P.O. Box 611360, San Jose, CA 95161-1360
Toll Free: 866-430-VOTE (8683); **Fax:** 408-998-7314; **Website:** www.sccvote.org

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith