



# TRINITY COUNTY

Shanna S White

County Clerk/Recorder/Assessor

Julie K Barcellona

Deputy County Clerk/Recorder/Assessor

**READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS STATEMENT.  
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

1. We have determined that the signature you provided on your vote-by-mail ballot 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 as soon as possible.
2. The Signature Verification Statement must be received by the elections official of the county where you are registered to vote no later than 5 p.m. two days prior to certification of the election. (Elections Code §3019)
3. You must sign your name below where specified on the Signature Verification Statement (Voter's Signature).
4. Place the Signature Verification Statement into a mailing envelope addressed to your local elections official. Mail, deliver, or have the completed Signature Verification Statement delivered to the elections official. Be sure there is sufficient postage if mailed and that the address of the elections official is correct.
5. If you do not wish to send the Signature Verification Statement by mail or have it delivered, you may submit your completed Signature Verification Statement by email or facsimile transmission to your local elections official using the information provided.

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## SIGNATURE VERIFICATION STATEMENT

I, \_\_\_\_\_, am a registered voter of Trinity County, State of California.

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.

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Voter's Signature

Date

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Mailing Address

Physical Address

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Assessor P.O. Box 1255, Weaverville, CA 96093 Phone (530) 623-1257 Fax (530) 623-8398 Email [assessor@trinitycounty.org](mailto:assessor@trinitycounty.org)

Elections P.O. Box 1215, Weaverville, CA 96093 Phone (530) 623-1220 Fax (530) 623-8398 Email [elections@trinitycounty.org](mailto:elections@trinitycounty.org)

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