

# COLUSA COUNTY REGISTRAR OF VOTERS

546 JAY STREET, SUITE 200  
COLUSA, CA 95932



Tel.(530) 458-0500 or 1-877458-0501 toll free Fax (530) 458-0512 [clerkinfo@countyofcolusa.org](mailto:clerkinfo@countyofcolusa.org)

## NOTICE TO VOTE-BY-MAIL VOTER YOU DID NOT SIGN THE VOTER DECLARATION ON THE RETURN ENVELOPE YOUR BALLOT CANNOT BE COUNTED WITHOUT YOUR SIGNATURE

**TO ENSURE YOUR BALLOT COUNTS, READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.**

1. In order to ensure that your vote by mail ballot will be counted, your statement should be completed and returned as soon as possible so that it can reach the Colusa County Elections Office no later than 5 p.m. on the eighth day after the election.
2. You must sign your name on the line next to Voter's Signature.
3. Place the statement into a mailing envelope addressed to Colusa County Elections, 546 Jay Street, Suite 200, Colusa CA 95932. Mail, deliver, or have delivered the completed statement to the County Elections Office. Be sure there is sufficient postage if mailed.
4. If you do not wish to send the statement by mail or have it delivered, you may submit your completed statement by facsimile (530) 458-0512 or email transmission [clerkinfo@countyofcolusa.org](mailto:clerkinfo@countyofcolusa.org) or submit your completed statement to a polling place within Colusa County before the close of the polls (8:00 p.m.), on election day.

Note: Registrar of Voters Office Hours: Monday – Friday, 8:30am – 4:00p.m. Office hours are extended to 5:00p.m. on the 8th day following the election.

### COMPLETE ALL INFORMATION

Unsigned ballot statement

I, \_\_\_\_\_, am a registered voter of Colusa County,  
Print Name of Voter

State of California. I do solemnly swear (or affirm) that I requested and returned a Vote-By-Mail ballot and that I have not and will not vote more than one ballot in this election. 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.

**Voter's Signature: X** \_\_\_\_\_

(you must sign your name on the line above – power of attorney cannot be accepted)



**If voter is unable to sign their name**  
they may make a mark which shall be  
witnessed by a person of their choice. Witness \_\_\_\_\_

Residence address: \_\_\_\_\_  
Street Address City Zip Code