



KERN COUNTY ELECTIONS  
1115 TRUXTUN AVE  
BAKERSFIELD, CA 93301

(661) 868-3590 Office  
(661) 868-3723 Fax  
[votebymail@kerncounty.com](mailto:votebymail@kerncounty.com)

## Unsigned Ballot Envelope Statement NOTICE TO VOTER – YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT.  
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.

### There are 2 ways to correct this:

- Come to our office and sign your envelope, or
- Complete and return this form.

If you choose to complete this form, return it:

1. by fax or scanned to email – (661) 868-3723 fax, [votebymail@kerncounty.com](mailto:votebymail@kerncounty.com)
2. by mail – Kern County Elections, 1115 Truxtun Ave, Bakersfield, CA 93301
3. by dropping it off at our office or on Election Day at any Kern County polling place

**Submit your statement so that it is received by our office no later than 5:00 p.m. on March 31, 2020. While the Law provides 30 days to certify an election, counties often complete the process sooner. Submitting your statement by this deadline will ensure we receive it in time to count your ballot.**

I, \_\_\_\_\_, am a registered voter of Kern County, State of California. I declare under  
Print Name of Voter

penalty of perjury 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 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.

### **COMPLETE ALL INFORMATION:**

Voter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Power of attorney not acceptable)

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

Residence Address: \_\_\_\_\_  
Street and Number City Zip Code