

SANTA BARBARA COUNTY ELECTIONS DIVISION
UNSIGNED BALLOT ENVELOPE STATEMENT

NOTICE TO VOTER: YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT IN ORDER TO ENSURE THAT YOUR VOTE BY MAIL BALLOT WILL BE COUNTED. YOUR STATEMENT SHOULD BE COMPLETED AND RETURNED AS SOON AS POSSIBLE AND SHOULD BE RECEIVED IN OUR OFFICE **NO LATER THAN 5:00 P.M.** ON THE EIGHTH DAY AFTER THE ELECTION (**NOVEMBER 14, 2018**). FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.

You must do one of the following:

1. **In Person:** Come to our Santa Barbara main office in person to sign your original Vote by Mail Ballot envelope.
2. **At a Polling Place:** Complete and SIGN this Unsigned Ballot Envelope Statement. Return your completed statement to a polling place within the county before the close of the polls on Election Day, November 6, 2018 prior to 8:00 pm. Contact our office or visit our website www.sbcvote.com to find a polling place closest to you.
3. **Mail:** After completing and SIGNING, mail this Unsigned Ballot Envelope Statement in the enclosed envelope to our office. **It must be received before 5:00 pm on November 14, 2018. Postmarks will not count.** If you choose to mail your statement, YOU MUST PLACE POSTAGE on the return envelope or the post office will not deliver it.
4. **Fax or Email:** After completing and SIGNING, Fax form to (805) 681-4003 or Email this Unsigned Ballot Envelope Statement to votebymail@co.santa-barbara.ca.us. It must be received at our office before **5:00 pm on November 14, 2018.**

I, _____, am a registered voter of Santa Barbara County,
Print Name of Voter

State of California. I do solemnly swear (or affirm) that I 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 is not eligible to be counted.

COMPLETE ALL INFORMATION:

(Signed) _____
VOTER'S SIGNATURE (Power of Attorney cannot be accepted)



NOTE: If voter is unable to sign, he or she may make a mark which shall be witnessed by one person

(Witness) _____
WITNESS' SIGNATURE

Dated this _____ day of _____, 2018.

Residence address: _____
Street Address City Zip Code

Mailing address: _____
Street Address City Zip Code

Mailing Address: PO Box 61510, Santa Barbara CA 93160-1510

Phone (805) 568-2200 ♦ Fax (805) 681-4003 ♦ email: votebymail@co.santa-barbara.ca.us

Santa Barbara Office	4440-A Calle Real	8:00 am-5:00 pm M-F
Santa Maria Office	511 E. Lakeside Pkwy, Ste. 134	8:00 am-12:00 pm & 1:00 pm-5:00 pm M-F
Lompoc Office	401 E. Cypress, Room 102	9:00 am-12:00 pm & 1:00 pm-4:00 pm M-F
Extended Hours	All locations	Saturday, October 20, 2018 9:00 am-1:00 pm Monday, October 22, 2018 8:00 am-6:00 pm Saturday, November 3, 2018 9:00 am-1:00 pm Tuesday, November 6, 2018 7:00 am-8:00 pm