



SONOMA COUNTY

Deva Marie Proto
Clerk-Recorder-Assessor-Registrar of Voters
SoCoVotes.com

Registrar of Voters

P.O.Box 11485
435 Fiscal Dr.
Santa Rosa, CA 95406
Tel: (707) 565-6800
Toll Free:
(800) 750-VOTE
Fax: (707) 565-6843

IMPORTANT: Read these instructions carefully before completing the Statement. Failure to follow these instructions may cause your ballot not to count.

Dear Voter:

We have determined either that the signature you provided on your Vote by Mail or Provisional ballot envelope does not compare with the signature(s) on file in your voter record or that you did not sign your ballot envelope. To ensure that your Vote by Mail or Provisional ballot will be counted, this Statement must be completed and compare with the signature(s) in your voter registration record. This form must be received by our office no later than **5pm on Monday, December 1, 2025**. Failure to complete and return this form on time may cause your ballot not to count. Please note that the signature provided on the completed Statement may be added to your registration record to be used for signature comparison purposes in future elections.

You may return this form by:

- Mail – Registrar of Voters Office, PO Box 11485, Santa Rosa, CA 95406
- In Person – Registrar of Voters Office, 435 Fiscal Dr, Santa Rosa, CA 95403 (M – F, 8am to 5pm, excluding holidays)
- Drop Box – to any Official Ballot Drop Box or Vote Center by 8pm on Election Day, November 4, 2025 (sonomacounty.gov/where-to-vote)
- Email – ROV-UBS@SonomaCounty.gov
- Fax – (707) 565-6862

If you have questions about this notice call (707) 565-6800, or toll-free (800) 750-VOTE (8683).

X

STATEMENT

Voter Name: _____ **Date of Birth:** _____
Print Your Name month/day/year

Residential Address: _____
Street Address (NO PO Box) City Zip Code

I am a registered voter of Sonoma County, State of California. I declare under penalty of perjury that I received and returned a Vote by Mail or Provisional ballot and that I have not and will not vote more than one ballot in this election. I am a resident of the county in which I have voted, and I am the person whose name appears on the 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 or Provisional ballot will be invalidated.

Voter, sign inside the signature box below. Spouses and other family members may not sign for one another.

X

Voter Signature (power of attorney cannot be accepted)

Date: _____
month/day/year

If voter is unable to sign, they may make a mark which shall be witnessed by one person.

Witness Signature X _____

ROV OFFICE USE ONLY

Processed by: _____

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