

PLUMAS COUNTY ELECTIONS

520 MAIN STREET, ROOM 102, QUINCY, CA 95971

(530) 283-6256 1 (844)-676-VOTE toll free Fax (530) 283-6155 [elections@countyofplumas.com](mailto:elections@countyofplumas.com)

- NOTICE TO VOTER -

YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT OR PROVISIONAL RETURN ENVELOPE

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

- You may come to our office in person to sign your original Vote by Mail ballot or provisional envelope, Monday through Friday 8:00 am to 5:00 pm, no later than two days prior to the certification of the election.
- OR**
- Sign the Unsigned Ballot Envelope Statement and return it to our office in the enclosed envelope or drop in the Ballot Return Box located at the entrance to the Courthouse on Election Day prior to 8:00 pm. **OR**
- Fax or Scan and Email the SIGNED statement to our office.** It must be received at our office before 5:00 pm two days prior to the certification of the election. **Fax 530-283-6155 Email [elections@countyofplumas.com](mailto:elections@countyofplumas.com)**
- The signature provided on the Statement may be used for signature comparison purposes in future elections.

**Unsigned Ballot Envelope Statement**

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

State of California. I declare under the penalty of perjury that I 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 the person whose name appears on the return ID 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 is not eligible to be counted.

**COMPLETE ALL INFORMATION:**

(Signed) \_\_\_\_\_  
**Voter's Signature** (power of attorney cannot be accepted)



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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

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

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