



# County of Santa Cruz

## COUNTY CLERK / ELECTIONS

701 Ocean Street, Room 310, Santa Cruz, CA 95060-4076  
831-454-2060 Toll-free: 866-282-5900 FAX: 831-454-2445 TDD: 711  
E-mail: [info@votescount.com](mailto:info@votescount.com) Web Sites: [www.sccoclerk.com](http://www.sccoclerk.com) & [www.votescount.com](http://www.votescount.com)

**Gail L. Pellerin, County Clerk**  
**Tricia Webber, Assistant County Clerk**

Dear Voter,

The signature on your vote-by-mail ballot envelope does not compare to the signature on your voter registration card.

We cannot count your ballot until you complete the *Signature Verification Oath* below.

The deadline for you to return *the Signature Verification Oath* below so we can count your vote is **5pm Friday, November 30**. You can return it:

- In person. Our office hours are 8am to 5pm Monday – Friday, and we are open during the lunch hour.
- By mail. Our address is 701 Ocean St. Room 310, Santa Cruz, CA 95060.
- By email. My email is [tricia.webber@santacruzcounty.us](mailto:tricia.webber@santacruzcounty.us).
- By fax. Our fax number is 831-454-2445.

If you did not vote this ballot, please let me know immediately so I can refer this case to the District Attorney for investigation.

If you have any questions, please feel free to contact me at 831-454-2409 or email [tricia.webber@santacruzcounty.us](mailto:tricia.webber@santacruzcounty.us)

Thank you,  
Tricia Webber, Assistant County Clerk

### Signature Verification Oath

I, (print your name) \_\_\_\_\_, am a registered voter of Santa Cruz County, California. I declare under penalty of perjury that I requested and returned a vote-by-mail ballot. 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 fraud in connection with voting, I may be convicted of a felony punishable by imprisonment for 16 months or 2 or 3 years. I understand that my failure to sign this statement means that my vote-by-mail ballot will be invalidated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address where you live

\_\_\_\_\_  
Date

\_\_\_\_\_  
Way to contact you if we have any questions

If you are disabled and sign with a mark, make your mark above and have a witness sign here:

\_\_\_\_\_