Sutter County Elections

1435 Veterans Memorial Circle
Yuba City, CA 95993
(530) 822-7122 Fax (530) 822-7587

SIGNATURE VERIFICATION STATEMENT & INSTRUCTIONS

Please help us count your ballot. Read these instructions carefully before.
Failure to follow these instructions may cause your ballot not to count.

Unfortunately, the signature you provided on your vote by mail or provisional ballot identification envelope does not compare with the signature(s) on file in your voter record. To ensure that your ballot will be counted, this statement must be completed and returned as soon as possible.

Your completed Statement must be received by our office no later than 5:00 pm on November 25, 2026.

After completing the bottom portion of this statement, place it into the postage-paid return envelope (if included). If a return envelope is not included with these instructions, use your own mailing envelope with appropriate postage addressed to Sutter County Elections, 1435 Veterans Memorial Circle, Yuba City, CA 95993.

If you do not wish to mail this statement, you may email it to elections@sutter.gov, fax to 530-822-7587, or drop it off at any polling place within the county or a ballot drop-off box before the close of the polls on Election Day.

Please note that the signature provided on this statement may be added to your registration record to be used for signature comparison purposes in future elections.

Signature Verification Statement:

I, _____(Print Name), am a registered voter of Sutter 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 precinct in which I have voted, and I am the person whose name appears on the vote by mail or provisional 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.

(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 _____, 2026.

Residence address: _____

Street Address City Zip Code

Your county elections official is required to compare your signature with the signature(s) in your voter registration record, which may include the signature appearing on your driver's license or state identification card.