



# LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN

Registrar-Recorder/County Clerk

## ATTENTION VOTER: ACTION REQUIRED

**READ THESE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR VOTE BY MAIL BALLOT NOT TO COUNT**

Our office received your Vote By Mail ballot, but the ballot envelope is either unsigned or the signature provided does not match the signature(s) on file in your voter record. Your signature attesting to your eligibility is required by law. In order to ensure that your ballot will be counted, the below Statement must be signed next to "VOTER SIGNATURE X," completed, and returned as soon as possible. The signature provided on the completed Statement may be added to your registration record to be used for signature comparison purposes in future elections. **If you have any questions, please contact us at (800) 815-2666, option 2.**

## SIGNATURE VERIFICATION AND UNSIGNED BALLOT ENVELOPE STATEMENT

**COMPLETE AND RETURN THIS STATEMENT TO ENSURE YOUR BALLOT IS COUNTED**

I, \_\_\_\_\_, am a registered voter of Los Angeles County, State of California.  
Print Your Full Name

I declare under penalty of perjury that I received 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 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 my Vote by Mail ballot will be invalidated. I further declare that I have not and will not vote more than one ballot in this election.

**VOTER SIGNATURE** **X** \_\_\_\_\_ Date \_\_\_\_\_  
Do not print your name (power of attorney cannot be accepted)

Voter's Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Witness) **X** \_\_\_\_\_  
If the voter cannot sign, the voter can make a mark which shall be witnessed by one person.

## OPTIONS FOR RETURNING STATEMENT

**THIS STATEMENT MUST BE RECEIVED BY 5PM ON DECEMBER 1, 2024**



### TEXT MESSAGE

Text "LA Ballot Cure" to 28683 and follow the prompts to submit your signature electronically. When prompted, enter your unique Voter ID. Access your Voter ID at [LAVOTE.GOV/VRSTATUS](http://LAVOTE.GOV/VRSTATUS)



### E-MAIL / FAX

Email to [votebymail@rrcc.lacounty.gov](mailto:votebymail@rrcc.lacounty.gov) or Fax to (877) 614-1127 or (562) 232-7924



### MAIL

Mail back in the enclosed postage-paid envelope. If you do not have the enclosed envelope, you may use your own mailing envelope to send the Statement to: Vote by Mail Section, Registrar-Recorder/County Clerk, PO Box 54187, Los Angeles, CA 90099-4684. **If using your own envelope, please ensure there is sufficient postage and the address is correct.**



### IN PERSON

Return to 12400 Imperial Highway, Room 3002, Norwalk, CA 90650 during normal business hours, **Monday-Friday** from **8 AM to 5 PM.**



### VOTE CENTER OR BALLOT DROP BOX

You may drop off your Statement at any Vote Center or Ballot Drop Box by 8 PM on **Election Day, November 5, 2024.**