



LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK



DEAN C. LOGAN

Registrar-Recorder/County Clerk

ATTENTION VOTER: ACTION REQUIRED

Our office received your Vote By Mail ballot, but it 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, this Statement must be 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 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 2 or 3 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.

RETURN OPTIONS

This notice must be received by 5 PM on June 24, 2026.



TEXT MESSAGE

Text "LA Ballot Cure" to 28683 and follow the prompts to submit your signature electronically. When prompted, enter your unique Voter ID:



E-MAIL / FAX

Email to signaturecure@rrcc.lacounty.gov or Fax to (877) 614-1127 or (562) 232-7924



MAIL

Mail back in the enclosed envelope. If you do not have the enclosed envelope, you may use a personal envelope and send it to
**Vote by Mail, Registrar-Recorder/County Clerk,
PO Box 54187,
Los Angeles, CA 90099-4684**



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, June 2, 2026.**