



**CITY CLERK DEPARTMENT**  
4305 Santa Fe Avenue, Vernon, California 90058  
Telephone (323) 583-8811

# Unsigned Ballot Envelope Statement

**NOTICE TO VOTER - YOU DID NOT SIGN YOUR  
VOTE BY MAIL BALLOT RETURN ENVELOPE  
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT.  
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT  
TO BE COUNTED. EC 3019**

- **Come to our office in person** to sign your original Vote by Mail Ballot envelope, Monday through Thursday 7:00 am to 5:30 pm or on Election Day, April 8, 2025 prior to 8:00 pm

**OR**

- **After SIGNING, mail your Unsigned Ballot Envelope Statement in the enclosed envelope to our office.** It must be received at our office at 4305 Santa Fe Avenue in Vernon, CA before 5:00 pm on April 8, 2025. Postmarks will not count. If you choose to mail your statement, **YOU MUST PLACE POSTAGE** on the return envelope or the post office will not deliver it.

**OR**

- **Scan and email the SIGNED statement to the City Clerk Department.** It must be received by our office before 5:00 p.m. on April 8, 2025. Email to: [cityclerk@cityofvernonca.gov](mailto:cityclerk@cityofvernonca.gov)

I, \_\_\_\_\_, am a registered voter of Los Angeles County, State of California. I declare under penalty of perjury that I requested and returned a vote by mail 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 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 ballot will be invalidated.

**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 \_\_\_\_\_, 202\_\_.

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

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