



## COMBINED SIGNATURE VERIFICATION AND UNSIGNED IDENTIFICATION ENVELOPE STATEMENT & INSTRUCTIONS

**READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT TO REMAIN UNCOUNTED.**

We have determined either that the signature you provided on your vote by mail ballot identification envelope does not compare with the signature(s) on file in your voter record **OR** that you did not sign your ballot identification envelope.

- 1) You must sign your name in the box below next to the red **X**. To ensure that your ballot will be counted, this completed Statement must be received by the **Madera County Elections Office** as soon as possible, but **no later than 5:00 pm on Sunday, November 30, 2025**.
- 2) Place your completed Statement into the postage-paid return envelope. If a return envelope is not included with these instructions, use your own mailing envelope addressed to the **Madera County Elections Office**. If you mail your completed Statement using your own envelope, be sure there is sufficient postage and that the address of the **Madera County Elections Office** is correct.
- 3) If you do not wish to send your completed Statement by mail or have it delivered, you may submit your completed Statement by email (electionsinfo@maderacounty.com) or facsimile transmission (559 675-7870) to the **Madera County Elections Office**. Or submit your completed Statement to a vote center within **Madera County** or a ballot drop box before the close of the polls on Election Day (**Tuesday, November 4, 2025**). Please visit [www.votemadera.com](http://www.votemadera.com) for a complete list and schedule of the Official Ballot Drop Box and Vote Center locations.

### SIGNATURE STATEMENT

I, \_\_\_\_\_, am a registered voter in Madera County, State of California.  
(print full name as registered to vote)

I declare under penalty of perjury that I received 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.

**Voter, sign here in ink. Power of attorney is not acceptable.**

**X** \_\_\_\_\_

Date \_\_\_\_\_

#### Madera County Elections Office

200 West 4<sup>th</sup> Street, Madera, CA 93637

Toll Free 1(800) 435-0509 - Fax 1(559) 675-7870 – [www.votemadera.com](http://www.votemadera.com)