



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 ASSESSOR-COUNTY CLERK-RECORDER

**UNSIGNED ENVELOPE STATEMENT FOR THE JULY 23, 2024 CITY OF MILLBRAE SPECIAL
 RECALL ELECTION**

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|--|--------------------------|
| ADDRESS (NUMBER, STREET AND APT. OR SUITE NO.) | CITY, STATE AND ZIP CODE |
| <p>Read the instructions before completing the statement. Failure to follow these instructions may cause your ballot not to count.</p> <p>You must sign this statement in the box below. Your signature on your Unsigned Envelope Statement must compare to your voter record.</p> <p>You may return this statement to any Ballot Drop Box by 8:00 p.m. on July 23, 2024. This statement may also be returned by fax (650.312.5348), email (registrar@smcacre.gov) or in person at 40 Tower Road, San Mateo, CA 94402 by 5:00 p.m. on August 20, 2024.</p> | |

VOTER ID:

PRINT YOUR NAME HERE

I, _____, am a registered voter in San Mateo County, State of California. I declare under penalty of perjury that I requested and returned a Vote by Mail (VBM) 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 (VBM) ballot will be invalidated.

VOTER'S SIGNATURE

(Signature or "Mark of Applicant" in voter's own hand – Do Not Print – Power of Attorney NOT accepted)

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| SIGNATURE X | DATE |
|-----------------------|------|

WITNESS SIGNATURE IF VOTER IS USING "MARK" FOR SIGNATURE ABOVE

| | |
|-----------------------|------|
| SIGNATURE X | DATE |
|-----------------------|------|

If you have any questions or need further assistance, you may contact our office at 650.312.5222 or registrar@smcacre.gov.