777 East Rialto Avenue, San Bernardino, CA 92415 | Phone: 909.387.8300 Fax: 909.387.2022

www.SBCounty.gov

Joani Finwall
Registrar of Voters

SAN BERNARDINO COUNTY

Registrar of Voters

Signature Verification and Unsigned Identification Envelope Statement

Read these instructions carefully before completing this statement.
Failure to follow these instructions may cause your Mail Ballot not to count.

The San Bernardino County Registrar of Voters has received your voted Mail Ballot for the **June 24, 2025, Bear Valley Community Healthcare District Special Mail Ballot Election**. However, we are unable to process it at this time because of one of the following reasons:

1. Your signature on the Mail Ballot envelope did not match the signature on file, OR
2. You did not sign your Mail Ballot envelope.

In order to ensure that your Mail Ballot will be counted, this Statement must be completed, signed and returned to the San Bernardino County Registrar of Voters office as soon as possible.

I am a registered voter of San Bernardino County, State of California. I declare under penalty of perjury that I received and returned a 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 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 Mail Ballot will be invalidated and not counted.

If you registered to vote online or at the California Department of Motor Vehicles, your signature on file is likely the one on your driver's license or State ID.

Voter's Signature _____ **Date:** _____
(USE BLACK INK ONLY)

Full Name: _____

Residential Address: _____

Phone Number: _____

Please return your Statement no later than 5:00 p.m. on July 9, 2025 by:

- Visiting **Elections.SBCounty.gov/BallotCure** to submit electronically.
- Emailing your scanned or a picture of your signed Statement to SigVer@rov.sbcounty.gov.
- Faxing your signed Statement to (909) 387-3330.
- Mailing or delivering your signed Statement in an envelope to our office.
  - Registrar of Voters Office, 777 E. Rialto Avenue, San Bernardino, CA 92415.
    Your Statement MUST be received at our office no later than 5:00 p.m. on July 9, 2025.
- Dropping off your signed Statement in an envelope in any drop-off boxes in the County by 8:00 p.m. on June 24, 2025. Visit **Elections.SBCounty.gov/Voting/MailBallotDropOff.**

For additional information or questions, please visit **Elections.SBCounty.gov** or contact the Registrar of Voters office by phone at (909) 387-8300 or (800) 881-8683, or by email at SigVer@rov.sbcounty.gov.