

COUNTY
SEAL

Return envelope Official ballot

To be opened only by
Canvassing Board

Drop off your ballot by
7pm on Election Day.

Mail your ballot so that it is
postmarked by Election Day.

Entregue su boleta electoral hasta
las 7 pm el Día de las Elecciones.

Enviar por correo su boleta
electoral para que sea sellada
el Día de Elecciones



**First class
postage
required**

Se requiere
franqueo de
primera clase



Franklin County Elections Department

5678 MLK Avenue
Franklin, CA 99999-1234

I authorize the person below to return my ballot:

Autorizo a la persona abajo a devolver mi boleta:

Their name / Su nombre _____

Their signature / Su firma _____

Relationship to voter / Relación con el votante _____

Did you...

- Sign the voter's declaration in your own handwriting?
- Put your ballot in the envelope?

Revise si...

- ¿Firmó la declaración del votante con su propia letra?
- ¿Colocó su boleta electoral en el sobre?

Voter's declaration I declare that

- I am a resident of and a voter in the county, and the person whose name appears on this envelope.
- I have not applied, nor will I apply for a vote-by-mail ballot from any other jurisdiction in this election.
- I declare under penalty of perjury that this is true to the best of my knowledge and belief.

You must sign in your own handwriting. Your signature must match the signature on your voter registration card.

Voting twice in an election is a crime.

Declaración del votante Yo declaro que:

- Soy residente y votante en el condado, y la persona cuyo nombre aparece en este sobre.
- No he solicitado, ni solicitaré una boleta electoral de voto por correo de ninguna otra jurisdicción en esta elección.
- Declaro bajo pena de perjurio que esto es verdadero a mi leal saber y entender.

Debe firmar de puño y letra. Su firma debe coincidir con la firma en la tarjeta de inscripción del votante.

Votar dos veces en una elección es un crimen.

Voter, sign here in ink.

Power of attorney is not acceptable.

Votante, firme aquí con tinta No se aceptan poderes notariales.

✕

Date / Fecha (MM/DD/YYYY) _____

Print name / Imprimir nombre _____

Print your voter registration address /

Imprime tu dirección de registro de votante

If you are unable to sign, make your mark and have a witness sign below:

Si usted no puede firmar, haga una marca y haga que un testigo firme abajo:

Witness, sign here / Testigo, firme aquí _____

Franklin County

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Their name _____

Their signature _____

Relationship to voter _____

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

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Date (MM/DD/YYYY)

Print name

Print your voter registration address

If you are unable to sign, make your mark and have a witness sign below:

Witness, sign here _____

Franklin County