

OATH OF VOTER

(**MUST** be completed if returning your ballot by fax)

I, _____, acknowledge that by returning my voted ballot by facsimile transmission I have waived my right to have my ballot kept secret. Nevertheless, I understand that, as with any vote by mail voter, my signature, whether on this oath of voter form or my identification envelope, will be permanently separated from my voted ballot to maintain its secrecy at the outset of the tabulation process and thereafter.

My Santa Barbara County residence address is (last U.S. residence for voter qualification purposes):

(Street Address) (City) (Zip)

My current mailing address is:

(Street Address) (City) (Zip)

My e-mail address is _____.

My facsimile transmission number (your fax #) is _____.

I am (or was) a resident of Santa Barbara County, State of California, or am qualified as an elector pursuant to paragraph (2) of subdivision (b) of Section 321 of the Elections Code and I have not applied, nor intend to apply, for a vote by mail ballot from any other jurisdiction for the same election.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this _____ day of _____, 2021.

Voter's Signature _____

NOTE: POWER OF ATTORNEY AND ELECTRONIC SIGNATURES CANNOT BE ACCEPTED

YOUR BALLOT CANNOT BE COUNTED UNLESS YOU SIGN THE ABOVE OATH (OATH OF VOTER) AND INCLUDE IT WITH YOUR BALLOT AND IDENTIFICATION ENVELOPE OR (STANDARD OATH SENT BY EMAIL), ALL OF WHICH ARE RETURNED BY FACSIMILE TRANSMISSION.

NOTE: *If you are unable to sign your name because of a disability, you may affix your mark or use a signature stamp on the signature line (You may use a signature stamp **ONLY** if a signature stamp was used at the time you registered to vote). One (1) person of 18 years of age or older must witness your mark. The witness must print your name next to your mark and write the word "**WITNESS,**" and sign their name within the signature line.*