



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

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

**CHALLENGED ENVELOPE STATEMENT FOR THE MARCH 4, 2025 SPECIAL ELECTION**

ADDRESS (NUMBER, STREET AND APT. OR SUITE NO.)	CITY, STATE AND ZIP CODE

**Read the instructions before completing the statement. Failure to follow these instructions may cause your ballot not to count.**

**You must sign this statement in the box below. Your signature on your Challenged Envelope Statement must compare to your voter record.**

**You may return this statement to any Ballot Drop Box by 8:00 p.m. on March 4, 2025. 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 April 1, 2025.**

PRINT YOUR NAME HERE
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I, \_\_\_\_\_, am a registered voter in San Mateo County, State of California. I declare under penalty of perjury that I received 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 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)*

SIGNATURE X	DATE
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**WITNESS SIGNATURE IF VOTER IS USING "MARK" FOR SIGNATURE ABOVE**

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