CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS
John Arntz, Director

請採取行動確保您的選票被計算

親愛的選民：

我們已收到您於 2026 年 11 月 3 日選舉中提交的選票。然而，您的回郵信封並未簽名，或簽名與您選民登記記錄中的簽名不符。

請您儘快填妥並交回本表格。為確保您的選票能被計算，選務處必須於 2026 年 11 月 25 日下午 5 時前收到您完整填寫的表格。

請使用以下任何一種方式交回此表格：

- **網上遞交**：請前往 ***sfelections.gov/sign***，以電子方式簽署並交回表格。
- **郵寄、電郵或傳真遞交**：使用隨函附上的免郵資回郵信封寄回已填妥的表格，您亦可以把掃描檔案電郵至 sfvote@sfgov.org 或傳真至 (415) 558-6109。
- **親自遞交**：
  - ✓ 把表格送達市政廳 48 室。
  - ✓ 於選舉日（11 月 3 日）晚上 8 時前，把表格送達任何投票站或官方選票投遞箱。如需查詢地點，請到 ***sfelections.gov/myvotinglocation***。

如有任何疑問，請儘快致電 (415) 558-6102 或電郵 sfvote@sfgov.org 聯絡我們。

簽名驗證聲明書			
1	姓：	名：	中間名：
2	居住地址：		
3	電話號碼或電郵地址（供我們有需要時與您聯絡）：		
4	*本人是加州三藩市的登記選民。本人依據偽證罪罰則聲明，本人交回了一份郵寄選票，而且本人在這次選舉未曾、亦不會投下超過一份選票。本人符合資格在我所投票的選區投票。本人明白如觸犯或試圖作出與投票有關的任何欺詐行為，或協助、教唆或試圖協助、教唆他人作出與投票有關的欺詐行為，本人可能會被判重罪及監禁 **16** 個月、兩年或三年。本人確認，如本人以傳真方式交回投下的選票，即表示本人已放棄選票保密的權利。本人明白，如本人未在本聲明上簽名，本人的郵寄選票將不予計算。* **在此簽署** ➡ _____ **日期** _____ *（不得授權他人代為簽名。若您無法簽名，可在此處作記號並由一名見證人在旁簽名，或使用您的簽名印章。）*		

為確保您的選票得以計算，我們必須將您於本表格上的簽名與您選民登記記錄中的簽名進行比對，記錄中的簽名可能包括您駕駛執照或加州身份證上的簽名。
您在本表格上提供的簽名將被加入您的選民登記記錄，並於未來選舉中用作簽名比對。

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Action Required to Count Your Ballot

Dear Voter,

We received your ballot for the November 3, 2026, Election. However, the return envelope is either not signed, or the signature does not compare to any signature in your voter record.

Please complete and return this form as soon as possible. For your ballot to be counted, we must receive this completed form by 5 p.m. on November 25, 2026.

Return the form using any of the following methods:

- **Online:** Sign and return form electronically at *sfelections.gov/sign*.
- **Mail, Email, or Fax:** Use the enclosed postage-paid envelope, send a scanned copy to sfvote@sfgov.org, or fax to (415) 558-6109.
- **Hand-Delivery:**
  - ✓ Deliver to City Hall, Room 48.
  - ✓ Deliver to any polling place or Official Ballot Drop Box by 8 p.m. on Election Day, November 3. Find locations at *sfelections.gov/myvotinglocation*.

If you have questions, please contact us as soon as possible at (415) 558-6100 or sfvote@sfgov.org.

Signature Verification Statement			
1	Last Name:	First Name:	Middle Name:
2	Home address:		
3	Phone number or email address (in case we need to contact you):		
4	*I am a registered voter of San Francisco, California. I declare under penalty of perjury that I returned a vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I am eligible to vote in the precinct in which I have voted. 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 acknowledge that if I return my voted ballot by facsimile transmission, I have waived my right to have my ballot kept secret. I understand that my failure to sign this statement means that my vote-by-mail ballot will not be counted.* **Sign Here** ➡ _____ **Date** _____ *(Power of Attorney is not acceptable. If you are unable to sign, you may make a mark and have a witness sign next to it or use an authorized signature stamp.)*		

For your ballot to be counted, we must compare your signature on this form with the signature(s) in your voter record, which may include the signature from your driver's license or state ID.
The signature provided on this form will be added to your voter record and used for signature comparison purposes in future elections.