



**Marion County**  
OREGON  
CLERKS OFFICE

**COUNTY CLERK**  
Bill Burgess  
(503) 588-3579  
[bburgess@co.marion.or.us](mailto:bburgess@co.marion.or.us)

**ELECTIONS**  
(503) 588-5041  
Fax: (503) 588-5383  
[elections@co.marion.or.us](mailto:elections@co.marion.or.us)

**LICENSING AND RECORDING**  
(503) 588-5226  
Fax: (503) 373-4408  
[recording@co.marion.or.us](mailto:recording@co.marion.or.us)

**ADMINISTRATION**  
(503) 584-4785  
Fax: (503) 373-4408

**Please print your name and address here**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE DOES NOT MATCH  
RESPONSE REQUIRED**

**Attention:** If you do not respond to this letter, your ballot for this election **cannot be counted** and your voter registration status will become **inactive** pursuant to Oregon election law. Please respond immediately using the form on the other side of this notice.

Dear Voter,

We received your ballot in a return envelope that was issued in your name. **However, the signature on your return envelope does not match the signature(s) contained in your voter registration record.**

Your ballot cannot be processed until we can verify the signature on your ballot return envelope matches a signature in your voter registration record.

**Please complete the form on the other side of this letter with the signature you will use for voting purposes and return it to our office.** You may return the form by:

**Email:** [elections@co.marion.or.us](mailto:elections@co.marion.or.us)

**Fax:** (503) 588-5383

**Mail:** Marion County Clerk – Elections, PO Box 14500, Salem, OR 97309

**In Person:** 555 Court St NE, Suite 2130, Salem, OR 97301

(Office Hours: Monday through Friday, 8:30 a.m. to 5:00 p.m.)

**Your updated signature must be received no later than 5:00 PM on Tuesday, November 26, 2024.**  
**Postmarks do not count.**

If you do not respond, your ballot will not count, and your voter registration status will become inactive pursuant to ORS 254.431(2)(b). This means that you will not receive a ballot for future elections or be qualified to sign petitions until you update your voter registration with us. Beginning Wednesday, **November 20, 2024** (15 days after the election) our office is required by Oregon law to disclose your name and address to any political party or other public entity that requests a list of challenged signatures.

If you are unable to sign your name consistently or if you believe someone else signed your ballot envelope, please contact our office at (503) 588-5041 or 1 (800) 655-5388.

Thank you for your prompt attention to this matter.

Sincerely,  
Marion County Clerk – Elections

**qualifications**

Are you a citizen of the United States of America?  yes  no

Are you at least 16 years of age?  yes  no

**!** *If you mark no in response to either of these questions, do not complete this form.*

**personal information** \*required information

last name\* first\* middle

Oregon residence address, city and zip code (include apt. or space number)\*

date of birth (month/day/year)\* county of residence

phone email

mailing address, including city, state and zip code (required if different than residence)

**Oregon Driver License/ID number**

Provide a valid **Oregon Driver License, Permit or ID:**

*I do not have a valid **Oregon Driver License/Permit/ID.**  
The last 4 digits of my Social Security Number (SSN) are:*

**x x x - x x -**

*I do not have a valid Oregon Driver License/Permit/ID or a SSN. I have attached a copy of **acceptable identification.***

**political party**

Not a member of a party

Constitution

Democratic

Independent

Libertarian

No Labels

Pacific Green

Progressive

Republican

Working Families

Other \_\_\_\_\_

**signature** *I swear or affirm that I am qualified to be an elector and I have told the truth on this registration.*

sign here \_\_\_\_\_ date today \_\_\_\_\_

**!** *If you sign this card and know it to be false, you can be fined up to \$125,000 and/or imprisoned for up to 5 years.*

**registration updates** *Complete this section if you are updating your information.*

previous registration name previous county and state

home address on previous registration date of birth (month/day/year)

**If multiple signature styles are used, please sign here:** \_\_\_\_\_

\_\_\_\_\_