Marion County
OREGON

COUNTY CLERK
Bill Burgess
(503) 588-3579
bburgess@co.marion.or.us

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

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

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

Printed Name: _____

_____

Address: _____

_____

Year of Birth:

SIGNATURE DOES NOT MATCH
RESPONSE REQUIRED

Attention: If you do not return this form, 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
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 the 21st day after the election. 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, **the 15th day 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.

Signature Update **REQUIRED**

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: _____

_____