

**DEPARTMENT OF ELECTIONS**  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 48  
San Francisco CA 94102-4634



**John Arntz**  
*Director of Elections*

**HEALTH SERVICEBOARD ELECTION**

*This perjury notice must be completed and enclosed in the return envelope with your ballot.*

UNDER PENALTY OF PERJURY, I DECLARE THAT I DO NOT HAVE MY HEALTH SERVICE BOARD ELECTION BALLOT, BECAUSE:

I NEVER RECEIVED     I LOST IT     IT IS SPOILED  
(e.g. not correctly marked, torn, etc.)

I HAVE NOT, AND WILL NOT, VOTE MORE THAN ONCE IN THIS ELECTION. I AM AWARE THAT IT IS A FELONY TO VOTE MORE THAN ONCE.

DATE: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
(First Name) (Last Name)

SIGNED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE USE ONLY:  \_\_\_\_\_  Member not on the list  
Sequence number

PERJURY NOTICE.doc Fax 415.554.7344; Main 415.554.4363

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