

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

2006 Health Service Board Election - Perjury Notice

Name (Print): _____ Date: _____

**UNDER PENALTY OF PERJURY, I DECLARE THAT I DO NOT HAVE MY
RETIREMENT 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.**

SIGNED: _____ PHONE #: _____

ADDRESS: _____ ZIP: _____

PERJURY NOTICE.doc Voice (415) 554 - 5315; Fax (415) 554 -7257

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

2006 Health Service Board Election - Perjury Notice

Name (Print): _____ Date: _____

**UNDER PENALTY OF PERJURY, I DECLARE THAT I DO NOT HAVE MY
RETIREMENT 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.**

SIGNED: _____ PHONE #: _____

ADDRESS: _____ ZIP: _____

PERJURY NOTICE.doc Voice (415) 554 - 5315; Fax (415) 554 -7257