

**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*

**2009 Health Service Board Election – Perjury Notice/Ballot Request Form**

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

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

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

**CONTACT NUMBER:** \_\_\_\_\_

PERJURY NOTICE.doc

Voice (415) 554 - 4342; Fax (415) 554 -7257