Ballot Return Form  
November 8, 2022, Consolidated General Election

You must use this form if you are returning your voted ballot in your own envelopes. If you are using the official ballot return envelope, you do not need to use this form.

If you do not have the official return envelope, contact the Department by November 2 to request a replacement envelope. After that date, when it is too late to mail a replacement envelope, you can request the envelope at the City Hall Voting Center or use two plain envelopes and this form to return your ballot, following the instructions below.

Instructions for returning the ballot using two plain envelopes:
1. Place your ballot printout into a plain envelope, then seal the envelope.
2. Write “Official Ballot –To Be Opened Only by the San Francisco Department of Elections” on the front of the envelope.
3. Complete and sign this form and enclose it, along with your sealed ballot envelope, into a 2nd envelope.
   a. To return your ballot by mail, add postage to the outer envelope, and mail it to:
      San Francisco Department of Elections
      1 Dr. Carlton B. Goodlett Place
      City Hall, Ste. 48
      San Francisco, CA 94102

   b. To return your ballot in person, visit any official ballot drop box, the City Hall Voting Center, or polling place (regular return deadlines apply).

For your ballot to be counted, the outer envelope must be postmarked by Election Day, November 8, 2022.

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1. **Voter’s Name and Address**
   
   **Voter’s Name (Your current first, middle and last names)**
   
   **Voter’s Registered Residential Address (Where you, the voter, live in San Francisco. Military and Overseas voters must provide address where they lived last in San Francisco.)**

2. **Declaration of Voter**
   
   I declare under penalty of perjury that I either reside within the precinct in which I am voting or am qualified to vote therein per California Elections Code §321(b); that I am the voter whose name appears on this form; and that I have neither applied, nor intend to apply, for a vote-by-mail ballot from any other jurisdiction for this election. I understand that voting twice is a crime.

   ________________________________               _______________
   Signature of Voter                                                                                 Date

   For your ballot to be counted, you must sign this form in your own handwriting. Your signature must compare to the one in your registration record. Power of Attorney is not acceptable. If you cannot sign, make your mark, and have a witness sign next to the mark.

3. **Ballot Return Authorization (complete this section only if someone else will be returning your ballot)**
   
   **Name of Person Authorized to Return Ballot**
   
   **Relationship of Authorized Person to Voter**

   ________________________________                 _______________
   Signature of Person Authorized to Return Ballot                                      Date

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English (415) 554-4375  sfelections.org  中文 (415) 554-4367
Fax (415) 554-7344  1 Dr. Carlton B. Goodlett Place  Español (415) 554-4366
TTY (415) 554-4386  City Hall, Room 48, San Francisco, CA 94102  Filipino (415) 554-4310