CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS John Arntz, Director

選民宣誓書（以傳真方式交回選票者適用）
2022 年 2 月 15 日 聯合特別市政選舉

如果您是居住在美國境外的選民，或者您在 2022 年 2 月 8 日或之後開始在美國境內的軍事服務，您可以通過傳真交回您的選票。您的選票連同此宣誓書必須於 2022 年 2 月 15 日，選舉日，太平洋時間晚上 8 時之前送抵選務處，才會計算。

如要交回您的選票，請打印並填妥此宣誓書，通過**同一次**的傳真傳送，把您的選票及宣誓書傳送至 (415) 554-4372。

如您有任何疑問或需要協助，請電郵 *SFVoteAbroad@sfgov.org* 或於太平洋時間上午 8 時至下午 5 時致電 (415) 554-4367 聯絡選務處。

1. 選民姓名和地址

選民的姓名（您目前的名字、中間名和姓氏）：

_____

選民在美國境外的地址或軍人地址：

_____

_____

選民的登記住址（您在三藩市的最後住址）：

_____

選民現時的電郵地址（自願填寫）：

_____

2. 選民聲明

本人根據偽證罪罰則謹此聲明，本人是在我所投票的選區裡居住，或根據《加州選舉法》第 321(b)條，本人符合資格投票；本人是此表格上所列姓名的人；而且本人沒有申請，也沒有意圖申請任何其他司法管轄區在此選舉發出的郵寄選票。本人明白在同一次選舉重複投票是刑事罪行。本人認同在我以傳真方式交回投下的選票的同時，本人隨即放棄我的選票保密權。再者，本人明白，如同任何使用郵寄投票的選民，本人在此表格上的簽名將會永久地與我投下的選票分離，以維持選票從點票程序起以及往後的保密。

_____ _____

選民簽名 **日期**

為確保您的選票被計算，您必須在此宣誓書上親筆簽署，並連同選票一併傳真送回。您的簽名必須與您登記記錄內的簽名式樣相符。不接受授權委託他人代簽。如您沒有能力執筆簽署，請您畫記號代替，並由一位見證人在記號旁邊附加簽署。

3. 交回選票授權書（如您的選票將由其他人代為交回，請提供以下資料）

獲授權代為交回選票的人的姓名

獲授權代為交回選票的人與選民的關係

_____ _____

獲授權代為交回選票的人的簽名 日期

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Voter Oath for Fax Ballot Return
February 15, 2022, Consolidated Special Municipal Election

You may return your ballot at any time by fax if you are a voter living outside the United States or if your military service within the United States begins on or after February 8, 2022. To be counted, your ballot must be received by the Department of Elections no later than 8 p.m. Pacific Time (PT) on Election Day, February 15, 2022, and submitted with this Oath.

To return your ballot, print and complete this Oath; then, fax your ballot and Oath in the **same** fax transmission to (415) 554-4372.

If you have questions or need assistance, contact the Department of Elections at *SFVoteAbroad@sfgov.org* or (415) 554-4375, 8 a.m. through 5 p.m., Pacific Time.

1. Voter's Name and Address

Voter's Name (Your current first, middle and last names):

_____

Voter's Address Outside of the U.S. or Military Address:

_____

_____

Voter's Registered Residential Address (Your last address in San Francisco):

_____

Voter's Current Email Address (optional):

_____

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. I acknowledge that by returning my voted ballot by facsimile transmission I have waived my right to have my ballot kept secret. Nevertheless, I understand that, as with any vote-by-mail voter, my signature on this form will be permanently separated from my voted ballot to maintain its secrecy at the outset of the tabulation process and thereafter.

_____ _____

Signature of Voter **Date**

For your ballot to be counted, you must include this completed Oath in the ballot fax transmission. You must sign this Oath 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

English (415) 554-4375
Fax (415) 554-7344
TTY (415) 554-4386

sfelections.org
1 Dr. Carlton B. Goodlett Place
City Hall, Room 48, San Francisco, CA 94102

中文 (415) 554-4367
Español (415) 554-4366
Filipino (415) 554-4310