ELKO COUNTY CLERK

550 Court Street, 3rd Floor • Elko, Nevada 89801-3518
775-753-4600 • Fax 775-753-4610
www.elkocountynv.net

ELKO COUNTY CLERK
Rebecca Plunkett
Rebecca.Plunkett@elkocountynv.gov

CHIEF DEPUTY CLERK
Aly Guaman
Alicia.Guaman@elkocountynv.gov

(VOTER ADDRESS LABEL)

Re: Missing Mail Ballot Signature or Signature Mismatch

Dear Voter,

We received your ballot for the November 5, 2024, General Election. Nevada election law requires us to compare the signature on your ballot return envelope with the signatures in your voter registration record to verify your identity. Unfortunately, either your ballot return envelope did not have a signature, or we could not verify your signature with those on file.

In order for your ballot to count, you must complete, sign, and return the attached Signature Cure Affidavit by 5:00 pm, November 12, 2024. Please note that you will also be required to return a photocopy of your identification OR answer all the challenge questions in Step 5 of the attached Signature Cure Affidavit.

If you indicate that you have not voted a ballot or fail to return the attached affidavit, your ballot may not be counted. If your ballot contained a signature that was not verifiable, and you do not affirm on the attached affidavit that you voted a ballot, we may refer this discrepancy to law enforcement for investigation to ensure that no other person voted your mail ballot.

If you have questions, please contact our office at 775-753-4600.

Option 1: Mobile Device	**Option 2: Provide Copy of ID**	**Option 3: Answer Challenge Questions**
1. Go to: www.NVSOS.gov/sos/Cure 2. Select your County and scan the County QR code or click on the link at the bottom of the page. 3. Follow the steps provided. 4. When prompted, use the camera on your mobile device to take and submit a photo of your identification, etc., including your Signature Cure Affidavit. *Standard messaging rates apply. You will receive only one message. Must be received before 5:00 pm, November 12, 2024.*	1. Complete and sign the Signature Cure Affidavit on the back of this letter. 2. Follow the instructions in Step 4 to provide a copy of your ID. 3. Return the Signature Cure Affidavit and a copy of your ID to the Elko County Clerk's Office in person or by email, fax, or mail. * **Email, fax, or mail must be received before 5:00 pm, November 12, 2024. Postmarks do not count.*	1. Complete and sign the Signature Cure Affidavit on the back of this letter or call your County Elections Office to answer the verifying questions verbally. 2. Answer all 3 questions in Step 5. 3. Return the Signature Cure Affidavit to the Elko County Clerk's Office in person or by email, fax, or mail, or call your (775) 753-4600 to provide your answers verbally. * **The signed cure affidavit or verifying phone call must be received before 5:00 pm, November 12, 2024. Postmarks do not count.*

Thank you for your assistance.

Sincerely,
Rebecca Plunkett
Elko County Clerk

Signature Cure Affidavit

Complete, sign, and return this affidavit to the Elko County Clerk's Office, Elections Dept.

STEP 1 **YOUR NAME:** _____ _____
First Name Last Name

STEP 2 **DID YOU RETURN A BALLOT?** ☐ **Yes** ☐ **No** ***If "No", do not complete any steps beyond Step 3.***

If "Yes" is selected above: I state under penalty of perjury that I am an eligible elector; that my signature and name are as shown on this affidavit; and that I have only cast one ballot in this election in accordance with the provisions of NRS 293.780.

If "No" is selected above: I affirm that the information I have provided on this affidavit is true and correct to the best of my knowledge.

STEP 3 **SIGN: X** _____ ____/____/____
Your Signature or Mark Today's Date (mm/dd/yyyy)

STEP 4 **FOR OPTION 2 ONLY**
MAKE A COPY OF AN ACCEPTABLE FORM OF ID

- A valid Nevada driver's license
- A valid ID card issued by the Nevada DMV
- A valid U.S. passport or passport card
- A valid ID card with a photograph of the eligible elector issued by any branch, department, agency, or entity of the U.S. government or Nevada, or by any county, municipality, board, authority, or other political subdivision of Nevada
- A valid pilot's license issued by the Federal Aviation Administration or other authorized agency of the U.S.
- A valid U.S. military ID card with a photograph of the eligible elector
- A valid veteran ID card issued by the U.S. Department of Veterans Affairs Veterans Health Administration with a photograph of the eligible elector
- A valid Medicare or Medicaid card issued by the U.S. Health Care Financing Administration
- A certified copy of a birth certificate for the elector issued in the U.S.
- Certified documentation of naturalization
- A valid student ID card with a photograph of the eligible elector issued by an institution of higher education in Nevada
- A valid ID card issued by a federally recognized tribal government certifying tribal membership

STEP 5 **FOR OPTION 3 ONLY**
ANSWER ALL OF THE FOLLOWING QUESTIONS – You may provide answers to these verifying questions verbally by calling your County Elections Dept.

- Last 4 Digits of the Social Security Number _____
- Place of Birth _____
- Date of Birth _____

I affirm that the answers I have provided above are true and correct to the best of my knowledge:

_____ _____
(Sign or Initial Above)

STEP 6 **RETURN THIS AFFIDAVIT AND A COPY OF YOUR ID, IF APPLICABLE.**
Return this affidavit and a copy of your ID, if applicable, to the Elko County Clerk's Office, Elections Dept. before 5:00 pm on **November 12, 2024.**

- **Use a mobile device:** Go to: www.NVSOS.gov/sos/Cure. Select your county. Follow the steps provided. When prompted, use the camera on your mobile device to take and submit a photo of your identification, etc.
- **Email:** election@elkocountynv.net
- **Fax:** (775) 753-4610
- **Mail or delivery:** 550 Court St. 3rd Floor, Elko, NV 89801

May 2024 | For County Office Use Only: Date of Receipt: ____/____/____

Name: _____ Voter ID: _____

☐ **ID has been verified: DL Passport Other:** _____

(Circle One)