**SIGNATURE VERIFICATION FORM For office use only:**

Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Voter’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Check below (you must check one)**
	1. **\_\_\_\_\_ YES**, I returned my voted ballot (include a copy of your identification. Acceptable forms of identification are listed at the bottom)
	2. **\_\_\_\_\_ NO**, I did not return my voted ballot (You are NOT required to include a copy of identification when you return this form)
2. **Sign. (If you are unable to sign, make a mark and have a witness to the mark sign on the witness line)**

**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 form; that I have only cast one ballot in this election in accordance with the provisions of the Municipal Election Code.

**If ‘NO’ is selected above,** I affirm that the information I have provided on this form is true and correct to the best of my knowledge.

**Signature or mark Today’s Date**

**Witness Today’s Date**

1. **Return this form** (Include a copy of your identification, if applicable, to the (name of town clerk’s office). You may return it by:

Email (insert email address)

Fax (insert fax number)

Mailing/Delivering (Insert complete address)

**Acceptable Forms of Identification**

**●Valid Colorado Driver’s license ●Verified copy of birth certificate**

**●Valid Colorado identification card ●Certified document of naturalization**

**●Valid federal, state, county, municipal or other ●Valid student ID card with photograph**

 **governmental body identification card with ●Valid veterans ID card with photograph**

 **photo ●Valid tribal membership ID card**

**●Pilot’s license ●Written verification of residency at group residential facility ●US military identification with photo committed to the Dept. of Human Services or in custody of**

**●Current utility bill, bank statement, government check, paycheck Dept. of Youth Services**

 **showing name and address ●Valid US passport**

**●Valid Medicare or Medicaid card**