

RETURN ENVELOPE

IMPORTANT! FAILURE TO SIGN BELOW WILL INVALIDATE YOUR BALLOT.
YOUR BALLOT MUST BE RECEIVED BY 8 P.M. ELECTION DAY TO BE COUNTED.

McMinnville City Council Supplemental Ballot

POSTAL CLERK:
Deliver to address on other side.

SIGN HERE

VOTER'S STATEMENT

By signing I certify that:

- I am the person to whom this ballot was issued;
- I am legally qualified to vote in the county that issued this ballot;
- I still live at the address printed below on this envelope;
- I voted this ballot and this is the only ballot I have voted this election.

SIGNATURE OF VOTER

**WARNING: SIGNING ANOTHER PERSON'S NAME TO
THIS ENVELOPE IS A CLASS C FELONY.**

Voter! DO NOT remove address

YAMHILL COUNTY CLERK
PO BOX 7515
MCMINNVILLE OR 97128-7515

RETURN SERVICE REQUESTED



NON-PROFIT ORG
U.S. POSTAGE
PAID
YAMHILL
COUNTY
CLERK

BALLOT ENCLOSED

McMinnville City Council Supplemental Ballot

