

SIGNATURE VERIFICATION CARD

COMMITTEE NAME: _____

ID#: _____

SIGNER NAME: _____

SIGNER TITLE: _____
(Officeholder, Candidate, Treasurer, Principal Officer)

PHONE: _____ EMAIL: _____

IMPORTANT: The notification email address listed above should be an address you check frequently!

By signing and submitting this Signature Verification Card, I acknowledge that documents filed electronically with the City of Santa Rosa using the ID number set forth above will bear my virtual signature and that I am signing such documents under penalty of perjury under the laws of the State of California
I further acknowledge that every electronically filed document bearing my virtual signature will be treated the same as a paper document bearing my actual signature for purposes of applicable state and local laws and regulations.

X _____
SIGNATURE DATE

If you are submitting this form in person, you must show a current government-issued photo identification and sign this in the presence of City Clerk Staff. If you are submitting this form by mail, you must have your signature acknowledged by a notary public.

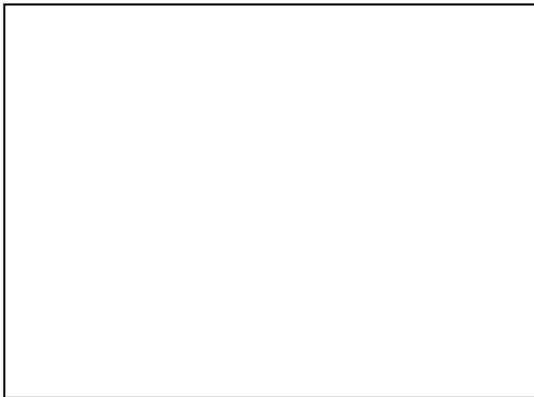
NOTARY PUBLIC USE ONLY (Civil Code § 1189)

State of California,

County of _____

On _____, before me, _____,
DATE NAME OF NOTARY PUBLIC

Notary Public, personally appeared _____,
NAME OF SIGNER



who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

CITY CLERK STAFF USE ONLY

[] Signer Presented Government-Issued Photo Identification

Signature: _____
Signature of City Clerk Staff

Date: _____