UTAH COUNTY CLERK
ELECTIONS DIVISION
Office of Aaron R. Davidson

We have received a ballot envelope with your name on it. However, we are unable to count the ballot because either your signature was not on the envelope, or the signature did not match our records. Utah law requires that we verify the signature on the ballot envelope before the ballot can be counted.

There are three options available to validate your signature.

1. Use your **Mobile device** to cure your ballot!
   - Open the link below or the QR code on your Mobile device
   - https://utahcounty.gov/cureletter
   - Type your Voter ID number (Call us, 801-851-8683 for your voter ID)
   - Complete and sign the affidavit form on your device.

OR

2. By **Email**
   - Complete the Voter Affidavit on the next page of this letter
   - Scan it or take a clear picture of it, and email it to cureballot@utahcounty.gov

OR

3. By **Mail**
   - Complete the Voter Affidavit on the next page of this letter
   - Mail it to **Utah County Elections Division, 100 East Center Street, Suite 3100, Provo UT 84606**

We must receive your signed affidavit by 5:00pm on Friday, November 14th, 2025.

Thank you,
Utah County Elections Division

Sign affidavit on reverse side

UTAH COUNTY CLERK
ELECTIONS DIVISION
Office of Aaron R. Davidson

Please complete the affidavit below, scan it or take a clear picture of it, and email it to cureballot@utahcounty.gov , or send it to our office at **Utah County Elections Division, 100 E Center St., Suite 3100, Provo, UT 84606**.

We must receive your signed affidavit by 5:00pm on Friday, November 14, 2025.

Voter Affidavit Utah County, Utah

By signing this affidavit, you are stating under penalty of law that you are a registered voter qualified to vote in the precinct in which you are registered, this ballot belongs to you, you voted this ballot, and you are not a convicted felon currently incarcerated for the commission of a felony. The ballot will not be counted if the signature on the affidavit does not match the signature on file with the election's office of the individual to whom the ballot was sent. By signing this affidavit, you authorize the lieutenant governor and the county clerk to use the signature on this affidavit for voter identification purposes.

Voter ID: _____

Your Name (print clearly): _____ Date of Birth: _____

Residence Address: _____

Email (optional): _____ Phone (optional): _____

☐ I am a voter with a qualifying disability under the Americans with Disabilities Act that impacts my ability to sign my name consistently. I can provide appropriate documentation upon request. To discuss accommodation, I can be contacted at _____.

Sign Here