MOANA M. LUTEY
County Clerk

RICHELLE M. THOMSON
Deputy County Clerk

OFFICE OF THE COUNTY CLERK

COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.mauicounty.gov/county/clerk

Aloha, Maui County Voter:

This letter is to advise you that the return identification envelope containing your ballot for the 2026 General Election is deficient. You may have already received notice of this deficiency, if your voter registration information includes your current email address, notifying you to call our office. If you have already addressed the deficiency, you may disregard this letter. Otherwise, please review the information below.

Your ballot return envelope was determined to be deficient for one of the following reasons:

- ☐ 1. The envelope has an unsigned affirmation (missing signature).
- ☐ 2. The affirmation signature does not match our reference signature images.
- ☐ 3. The envelope contains another condition that would not allow the counting of the ballot.

You may fix this deficiency by printing, completing, and signing the form on the reverse side of this letter. Computer-generated signatures are not acceptable. Note that the Affidavit must be received no later than **4:30 p.m. on November 10, 2026**. Additionally, if the deficiency is due to a mismatched signature (#2 above) or another condition, please provide proof of identity, such as a photo of a government-issued photo ID. You may provide this information:

1. In person or by mail to the Office of the County Clerk, Kalana O Maui (County Building), 200 S. High St. 7th Floor, Wailuku.
2. By emailing a photo or PDF of the form and government-issued ID to: County.Clerk@mauicounty.us

If you have questions, please visit www.MauiCountyVotes.gov or call (808) 270-7749.

AFFIDAVIT TO CURE RETURN BALLOT ENVELOPE DEFICIENCY

Warning: Any person who knowingly furnishes false information may be guilty of a class C felony.

Last Name	First Name	Middle Initial(s)	Suffix (Jr., III, etc.)

Hawai‘i Driver License Number, Hawai‘i State ID Number, **or** last 4 digits of Social Security Number

Date of Birth (mm/dd/yyyy)	Phone Number	Email Address

I hereby affirm that I am the person named above, and all information furnished on this form is true and correct:

A. My name, date of birth, and identification information that I have provided above are true and correct.
B. I am the voter who is assigned to the return identification envelope in question.
C. I understand that by signing this form, I am curing and addressing the deficiency identified by the Office of the County Clerk, in order that my return identification envelope may be processed by the Office for the 2026 General Election.

Signature or Mark of Voter (Only signature or mark of voter is acceptable) SIGN HERE	**Date**
(Required only if Voter is unable to sign and instead makes a mark) **Witness Signature:** _____ **Print name:** _____ **Address:** _____ **Phone Number:** _____	**Date**