

State of Iowa
Request Form for Recount of Votes Cast for Office
Iowa Code §50.48 and HF928 (2025)

Name of Person Requesting Recount: _____

Home Address: _____
House Number and Street Address City Zip Code

Phone Number: _____ E-mail: _____

Recount Requested for the Office of: _____

Type and Date of Election at which Office Appeared on the Ballot:

- ☐ General on ____/____/____ ☐ Primary on ____/____/____ ☐ Special on ____/____/____
☐ City on ____/____/____ ☐ School on ____/____/____

All precincts will be recounted. The candidate requesting the recount and the apparent winning candidate of the office subject to the recount may select not more than five persons to observe the conduct of the recount in each county where the recount is being conducted. A candidate may replace an observer appointed by the candidate at any time.

I am eligible to request this recount because:

- ☐ My name appeared on the ballot as a candidate for this office.

OR

- ☐ I received write-in votes for this office and I am legally qualified to seek and hold this office.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received: ____/____/____

Apparent Winner Notified: ☐ By Certified Mail: ____/____/____ ☐ By Telephone: ____/____/____

Recount Board will convene at: _____