

State of Iowa
Request Form for Recount of Votes Cast for Office

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 ___/___/___

Precinct(s) to be Recounted: All Selected: _____

Bond:

Enclosed is the necessary bond in the amount of: \$ _____. I understand that this will be returned to me only if the results of the recount change the outcome of the election.

OR No bond is required to request this recount.

I choose the following person to serve on the Recount Board:

Name of Designee: _____

Designee's Home Address: _____
House Number and Street Address City Zip Code

Designee's Phone Number: _____ Designee's E-mail: _____

**Designee must be available to participate in the recount during the 18 days following the canvass of the election.*

I am eligible to request this recount because:

My name appeared on the ballot as a candidate for this office in the precinct(s) where the recount is requested.

OR I received write-in votes for this office in the precinct(s) where the recount is requested, 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: _____