

State of Iowa
County Reprecincting Worksheet (1 of 2)
All Counties (Plan One, Plan Two, Plan Three)

County Information

County: _____

County Population (use 2020 Census number): _____

Number of precincts (**not** including absentee): _____

County Point of Contact Information for Reprecincting & Redistricting Process

Name: _____ Title: _____

Telephone: _____

Email: _____

Address: _____
Street Address City Zip

Supervisor Plan (choose one)

- Plan One: Supervisors elected at-large without residency requirements
- Plan Two: Supervisors elected at-large but must live in supervisor district
- Plan Three: Supervisors elected by supervisor district and must live in district

Precinct Ordinance and Public Hearing Information

1. Attach a copy of the ordinance describing the county precinct boundaries with this worksheet. If no changes were made to the precinct boundaries following the 2020 census, you still must submit the ordinance, and a copy of the existing precinct ordinance is sufficient.
2. Write the date on which the public hearing was held. If no changes to precinct boundaries were made, a public hearing was not required so write N/A on the line below.

Date of public hearing(s): _____

**State of Iowa
County Reprecincting Worksheet (2 of 2)
Precinct Population Certification**

County: _____

If you require lines in addition to those below, make copies of the following page as needed.

Precinct Name or Number	Population of Unincorporated Portion	Population of Incorporated Portion	Total Population
County Total Population			

I hereby certify that this is a complete and correct list of all precincts in this county of _____ and that the population data included is correct.

Signed: _____ Date: _____
Chairperson of Board of Supervisors

Print Name: _____

