State of Iowa County Reprecincting Worksheet

Count	y:			
County Population (use 2010 Census number):				
	er of precincts (not including absentee):			
Count	ty Contact Information			
Name: Title:				
Telepł	none: Ema	il:		
Addre	ss:			
, laaro	SS: Street Address	City	Zip	
Super	rvisor Plan (choose one)			
	Plan One: Supervisors elected at-	large without residency requirer	nents	
	Plan Two: Supervisors elected at-	large but must live in supervisor	district	
	Plan Three: Supervisors elected b	y supervisor district and must liv	ve district	
Precir	nct Ordinance and Public Hearing Inforn	nation		
1.	Attach a copy of the ordinance describing worksheet. If no changes were made to th census, a copy of the existing precinct or	ne precinct boundaries following		
2.	Write the date on which the public hearing			

 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 please write N/A on the line below.

Date of public hearing(s):

Annexed Territory

List any cities that have annexed territory since January 1, 2010. Describe the location of the annexed territory(ies) and provide the population(s) of the area(s) if known.

State of Iowa **County Redistricting Worksheet Precinct Population Certification**

County:

*Attach additional pages if needed.

Precinct Name or Number	Population of Unincorporated Portion	Population of Incorporated Portion (if any)	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:_____

Print Name:_____

State of Iowa County Redistricting Worksheet Precinct Population Certification

County:_____

Precinct Name or Number	Population of Unincorporated Portion	Population of Incorporated Portion (if any)	Total Population

State of Iowa County Redistricting Worksheet Supervisor District Population Certification

Plan 2 and Plan 3 Counties Only

County:					
Ideal District Population	L				
Divide the population of th	ne count	y by the nu	umber	of supe	ervisor districts.
County population	÷	# district	 S	=	ideal district population [§42.4(1)(a), 331.209(1), 331.210]
Maximum Allowable Var	iation				
Multiply the ideal district p	opulatio	n by 0.01.			
Ideal population	х	0.01	=		maximum allowable variation [§42.4(1)(a), 331.209(1), 331.210]
District Variations					

- Enter the population for each district on the chart below.
- Compare each district population with the ideal district population. Subtract the smaller population number of the two from the larger. List the difference in the "Variation" column.
- Total the populations of all districts. The total must equal the census population for your county.
- Total the variations for all districts to determine the overall variation.

District	Population	Variation
1		
2		
3		
4		
5		
	= total population	= overall variation

Important Note: If the variation of any district is greater than the maximum allowable variation, the board of supervisors must publish the justification for the variation in one or more official newspapers within 10 days after the plan is adopted. Proof of publication must be included in the materials sent to the Secretary of State. [§42.4(1)(a), 331.209(1), 331.210]

State of Iowa County Redistricting Worksheet Supervisor District Population Certification

County:
Average Variation
Divide the overall variation by the number of supervisor districts.
Overall variation ÷ = average variation
If the average variation is greater than the maximum allowable variation, the plan must be rejected. [§42.4(1)(a), 331.209(1), 331.210]
District Size Comparison
Divide the population of the largest district by the smallest district.
Largest district pop. ÷ =
This number must be 1.05 or less. If it is greater than 1.05, the plan must be rejected. [§42.4(1)(a), 331.209(1), 331.210]
I hereby certify that this is a complete and correct list of the supervisor districts in this county and that the population data included is correct.
Signed: Date: Date:
Print Name: