



PURPOSE OF THIS FORM

Under Code of Virginia § 24.2-671.2(D), “A local electoral board may request that the State Board approve the conduct of a risk-limiting audit for a contested race within the local electoral board’s jurisdiction.” The local electoral board may request an audit of such a race by completing and submitting this form to their Election Services Registrar Liaison prior to the State Board of Elections meeting to choose races to audit.

COMPLETE THE FOLLOWING:

Locality: _____

Date of Public Meeting: _____

Contested Race: _____

Town Name/District Number: _____

Date of RLA: _____

Location of RLA: _____

Preliminary Vote Totals: _____

Candidate A: _____

Candidate B: _____

Candidate C (if applicable): _____

Candidate D (if applicable): _____

On the lines below, please include any other relevant information:

**ELECT reserves the right to ask additional questions on behalf of the SBE, if necessary.*

***Please submit a form for each contested race your locality is requesting to have audited.*



We, the members of the electoral board, request an audit of the above contested race(s) within our jurisdiction:

Printed name of Chairperson	Signature	Date
-----------------------------	-----------	------

Printed name of Vice-Chairperson	Signature	Date
----------------------------------	-----------	------

Printed name of Secretary	Signature	Date
---------------------------	-----------	------

If your audit request is approved by the State Board of Elections, then the Board may grant an extension of up-to two weeks to your certification deadline under 24.2-671 of the Code of Virginia for the audited race.