

# Voting System Post Election Audit Report

County: \_\_\_\_\_

Date of Election: \_\_\_\_\_

Precinct Number(s): \_\_\_\_\_

Race: \_\_\_\_\_

1. Overall accuracy of the audit:
2. Description of any problems or discrepancies encountered:
3. Likely cause of such problems or discrepancies:
4. Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:

I hereby certify that the report of the voting system audit performed for the \_\_\_\_\_ (Date) election is accurate and that attached are precinct summary reports for each precinct audited.

Signatures of County Canvassing Board members conducting the audit:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date