## SAMPLE RECOUNT PETITION

| In Re: | The Election for | Verified Petition |
|--------|------------------|-------------------|
|        | (specify office) | for Recount       |

Petitioner (<u>name of petitioner</u>) alleges and shows to (specify the clerk or body with whom nomination papers are filed for that office):

- 1. That Petitioner was a candidate for the office of (specify office) in an election held on (specify date of election);
- 2. The Petitioner is an aggrieved party as defined in <u>Wis. Stat. § 9.01(1)(a)5</u>.
- 3. That Petitioner is informed and believes that a (<u>mistake or fraud</u>) has been committed in (<u>specify</u> <u>each ward or municipality</u>) in the counting and return of votes cast for the office of (specify office); and/or
- 4. That Petitioner (is informed and believes) or (knows of his/her own knowledge) that:

(Specify other defects, irregularities or illegalities in the conduct of the election).

Wherefore: Petitioner requests a recount of (specify each ward or municipality in which a recount is desired; each ward need not be specified if a recount is requested for all wards within a jurisdiction).

Dated this \_\_\_\_\_\_, \_\_\_\_\_,

Petitioner

I, (<u>name of petitioner</u>), being first duly sworn, on oath, state that the matters contained in the above petition are known to me to be true except for those allegations stated on information and belief, which I believe to be true.

Petitioner

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_.

Notary Public (or other person authorized to administer oaths)

The information on this form is required by Wis. Stat. § 9.01. This form is prescribed by the Wisconsin Elections Commission, 201 W. Washington Avenue, 2<sup>nd</sup> Floor, P.O. Box 7984, Madison, WI 53707-7984, (608) 261-2028 **EL-186** (Rev.3/24)