

Voting System Post-Election Audit Report

County: _____ Date of Election: _____

Type of Audit (check applicable box): Manual Automated Independent

Precinct Number(s): _____

Race (if Manual Audit): _____

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:

Check applicable box and sign below:

We hereby certify that the report of the voting system audit performed for the election is accurate and that attached are precinct summary reports for each precinct audited.

We hereby certify that a voting system audit was not done because a manual recount was conducted under s. 102.166, Florida Statutes.

Signatures of County Canvassing Board members:

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date