Application for recount

This form should be included with each application for recount submitted to Chelan County Elections. If you have any questions on how to complete this form please contact Election Office at 509-667-6808.

An application for a recount must be filed within two business days after certification of the election results.

Applications for recount must be filed with the officer with whom filings are made for the jurisdiction. For those offices filing with Chelan County an application for recount must be submitted to Chelan County Elections, 350 Orondo Ave, Level 3, Wenatchee, WA 98801.

Detailed requirements for recounts can be found in RCW 29A.64.

Detailed requi	irements for recounts can be for	unu in RCW 29A.04.		
person or group				
requesting recount	name of requestor (or spokesperson)		residence address	
	phone		city, state and ZIP	
	name of group member		residence address	
	phone		city, state and ZIP	
	name of group member		residence address	
	phone		city, state and ZIP	
	name of group member		residence address	
	phone		city, state and ZIP	
	name of group member		residence address	
	phone		city, state and ZIP	
recount				
information	race or measure to be recounted			
	recount type requested manual (by hand)			
	machine (vote tally system)			
deposit information	All costs of the recount are the responsibility of the requesting party, however only a deposit is required at the time of application. Deposits must accompany the application and be made in cash or certified check. (RCW 29A.64.030)			
	X		=	
	number of ballots cast in race to be recounted	deposit cost per ballot (\$0.25 for manual or \$0.15 for machine)	total deposit	
for office use only	date/time received			
		deposit receive	ed	
		☐ cash		
		☐ certified che	eck	