

Recount application



This form should be submitted to Thurston County Elections to request a recount. If you have any questions on how to complete this form please contact us at 360.786.5408 or elections@co.thurston.wa.us

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

Application for recount must be submitted to: Thurston County Elections, physical address 2400 Evergreen Park Dr SW, Olympia, WA 98502 or mailing address 2000 Lakeridge Rd SW, Olympia, WA 98502.

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

person or group requesting recount

Candidate race: An officer of a political party or any person for whom votes were cast may request a recount of their race.
Measure: Any group of five or more registered voters may request a recount of the votes cast upon any question or issue.

name of requestor (or spokesperson)

residential address

phone / email

city, state and ZIP

name of group member

residential address

phone / email

city, state and ZIP

name of group member

residential address

phone / email

city, state and ZIP

name of group member

residential address

phone /email

city, state and ZIP

name of group member

residential address

phone /email

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)

number of ballots cast in
race to be recounted

X

deposit cost per ballot
(\$0.25 for manual or
\$0.15 for machine)

=

total deposit

for office use only

received by

☐ cash

☐ certified check

received date: