

Post-Election Review Form

Date: _____

Name (Observer) : _____

Email : _____

Cell: _____

County: _____

Time: _____

Location: _____

County Office Address: _____

County Auditor/Official _____

Precincts	GOP Judge	DFL Judge	Machine Count No.	Hand Count No.
1.				
2.				
3.				
4.				

****take pictures/videos whenever you can**

Notes: _____

* Once completed, please send form ASAP to: Sandra@SandraforMN.com or Sandra Jimenez, P.O. Box 103; Rosemount, MN 55068