Voter Registration Challenge Application Form

Section 1: Challenger Information

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	Voter ID, DL #,
Name:	OR Year of Birth:
Voter Registration Address:	
Phone Number:	mail Address:
Section 2: Challenged Voter Information	
	Voter ID, DL #,
Name:	OR Year of Birth:
Voter Registration Address:	
Section 3: Reason for the Challenge	
	fied from voting, pursuant to SDCL 12-4-18.
(2) The challenged voter is decease	<u> </u>
	or has registered to vote in another state.
	sident of South Dakota, as defined in SDCL 12-1-4.
List of documentation provided to demonstrate	e the insufficiency of the challenged voter's qualifications:
Section 4: Affidavit (Notarization Required)	
I,	, under oath, attest that, to the best of my
	sed due diligence to personally verify the evidence presented,
the challenged voter described herein is	not qualified to vote and should be removed from the
master registration file, pursuant to SDCL 12	2-4-58 to 12-4-63, inclusive. I attest that this application is not
based on an unsupported allegation or the	e allegation of an anonymous third party. I understand that
this application and the attached docume	ntation may be provided to the challenged voter, and that
the challenged voter may request a hearing to	demonstrate their qualifications as a registered voter.
	(Signed)
Sworn to before me this date of	
(Seal)	Signature of Officer Administering Oath
My Commission Expires	
	Title of Officer Administering Oath

Section 5: County Auditor Determination	Challenged Voter ID:		
Date of Filing:			
Outside of 30 days before any election for Reason 1 or 2	?? YES -OR- NO		
Outside of 90 days before any election for Reason 3 or 4	YES -OR- NO		
The challenger is registered in County.			
Registration within the State of South Dakota for Reason	1 or 2? YES -OR- NO		
Registration within the same County as the challenged voter for Reason 3 or 4? YES -OR- No.			
List of documentation that has been verified, researched, a	and deemed valid:		
Does the application raise a valid challenge? YES	-OR- NO		
I hereby certify that I have researched the challen	nged voter and have made a determination.		
If the application raised a valid challenge, I have sent a verification request to the challenged voter.			
Dated:			

(Seal)

County Auditor Signature

County