

Affidavit of Minnesota Resident Regarding Another Person's Voting Record

County Name _____ County Number _____ Doc # _____ .B
(Affidavit # should be the Database Record Number)
Internal Organization Use Only

I, _____, declare the following: My current legal address is:

_____, _____, _____, _____, _____, MN, _____
(House #) (Street) (Apt #) (City) (County) (State) (Zip Code)

(Phone Number) (e-mail address-please print)

I am providing the information below, which is related to the **November 3, 2020, election**. I discovered this information after reviewing data queried from the December 20, 2020, MN Statewide Voter Registration System (SVRS) as provided by the MN Secretary of State's office.

I affirm the following information about voting record(s) I believe to be Inaccurate:

**Voter(s) Is Identified in the SVRS as Voting in November 2020
But SVRS Record is Inaccurate**

Voter Address: _____

Voter Name	Voting Method in SVRS	Reason SVRS Inaccurate

Voting Method Abbreviations

NV= No Vote P=Precinct M=Mail IN A=Absentee

I received extra unrequested ballots: Yes / No If Yes, estimate how many: _____

Status of those ballots: Discarded / Kept as Proof / Returned to Sender / Forwarded to Addressee

Ballots addressed to non-residents were received at this address: Yes / No If Yes, estimate how many _____

Status of the unrequested ballots: Discarded / Kept as Proof / Returned to Sender / Forwarded to Addressee

Affirmation

I, _____, declare under penalty of perjury that everything I have stated in this
(Print name)
document is true and correct, to the best of my knowledge.

(Signature of person Sharing Information) (County and State in which document signed) _____
(Date)

*The Language of this affirmation is written pursuant to
MN Statute 358.116 COURT DOCUMENTS therefore this form does not need to be NOTORIZED.*