



CANDIDATE CHALLENGE FORM
NORTH CAROLINA
COUNTY OF

PHONE:
EMAIL:

FAX:

**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY
UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

TO: [COUNTY] COUNTY BOARD OF ELECTIONS

Challenger's Name: _____
Challenger's Residence Address: _____
Challenger's Mailing Address (if different): _____
Challenger's Phone Number: _____
Challenger's Email Address: _____

Name of candidate being challenged: _____
Name of office sought: _____

Are you eligible to vote for the office for which the candidate has filed or petitioned? _____ Yes _____ No
If no, you are not eligible to file this candidate challenge.

The above-named candidate does not meet the following constitutional or statutory qualification(s) for the office:

This challenge is based on reasonable suspicion or belief of the following specific facts. (Attach evidence, if available.)

Challenger's Signature _____

Sworn to and subscribed before me this the
_____ day of _____, 20_____

Official Signature of Notary Public

(Official Seal)

Printed Name of Notary Public

My commission expires: _____