

CHALLENGE FORM

Name of challenger (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Jurisdiction (insert name or numbers):

Congressional District: _____ Organizing Unit: _____ Precinct: _____

If there is more than one challenger, please provide the contact information for each on additional signed form(s).

Event: _____ Event Date: _____

Type of challenge (check at least one): Delegate/ Alternate election Endorsement Outreach and Inclusion
Platform/Resolutions Other (specify): _____

Grounds for challenge (check at least one): Improper procedure Dishonesty Fraud Member of another political party
Other (specify): _____

Detailed explanation of challenge:

Specific remedy sought:

Name(s) of person(s) or action(s) challenged:

Address and telephone number of person(s) challenged (if available):

I affirm that the above is true and correct.

Signature: _____ Date: _____

All challenges must be in writing and must be postmarked, hand delivered or arrive by fax or e-mail within 10 calendar days after the date the challenged action occurred. File with the State DFL Chair, 255 East Plato Blvd., St. Paul, MN 55107, by e-mail at chair@dfi.org or by fax 651-251-6325. For assistance or further information, call 651-293-1200 or call toll free 1-800-999-7457.

Use additional sheets as needed.

Date Received: _____ Received by: _____