



**CERTIFICATION OF RETURN OF VOTING SYSTEMS
FROM PRECINCT OR VOTE CENTER**

(CEB-1C)

State Form 53025 (12-21)
INDIANA ELECTION DIVISION (IC 3-12-3-2.2; IC 3-12-3.5-4.5)

_____ **COUNTY, STATE OF INDIANA**

NAME OF PRECINCT POLLING LOCATION OR VOTE CENTER:

ADDRESS OF PRECINCT POLLING LOCATION OR VOTE CENTER:

**CERTIFICATION OF RETURN OF VOTING SYSTEMS
FROM PRECINCT OR VOTE CENTER**

INSTRUCTIONS: *All voting systems delivered to the polls for a precinct or to a vote center shall be returned to a secure location designated by the county election board. The voting systems may be returned by: (1) The county election board; (2) bipartisan teams designated by the county election board of at least two individuals affiliated with different major political parties; or (3) a commercial delivery company, operating under a contract with the county election board. If teams of individuals or a commercial delivery entity are used to return the voting systems, this certificate must be completed. Immediately upon completion of this certificate, the certificate shall be filed with the county election board.*

On the _____ day of _____, 20_____,

We, the undersigned, certify that in the Precinct or Vote Center named above, the voting systems listed below and returned by the teams of individuals or the commercial delivery entity:

1. Remained in the custody and control of each individual during the period beginning when the voting systems were received at the polls and ending when the voting systems were returned to the location designated for storage by the county election board under IC 3-11-15-46;
2. No individual, other than a team member or an individual acting on behalf of the commercial delivery entity, had access to any voting system in our custody; and
3. An individual documented receipt of the following voting systems at the polling location or vote center when the voting systems were received.

(INSERT OR ATTACH LIST OF VOTING SYSTEMS)

NAME OF PRECINCT LOCATION OR VOTE CENTER:

SO CERTIFIED, THIS _____ DAY OF _____, 20__:

Signature of Bipartisan Team Member

Printed Name and Political Party Affiliation of Bipartisan Team Member

Signature of Bipartisan Team Member

Printed Name and Political Party Affiliation of Bipartisan Team Member

OR

Signature of Agent of Commercial Delivery Entity

Printed Name of Agent and of Commercial Delivery Entity

CERTIFICATION OF RECEIPT OF VOTING SYSTEMS

I, the undersigned, certify that I received the voting systems listed in this Certificate on the date set forth below from the bipartisan team members or the agent of the above-named commercial delivery entity:

SO CERTIFIED, THIS _____ DAY OF _____, 20__:

Signature of Individual Authorized to Act for County Election Board

Printed Name of Individual