CHAPTER 5:02:03

FORMS FOR REGISTRATION

Section

5:02:03:00 Repealed.
5:02:03:01 Voter registration form.
5:02:03:01.01 Repealed.
5:02:03:02 Repealed.
5:02:03:03 Repealed.
5:02:03:04 Repealed.
5:02:03:05 Repealed.
5:02:03:06 Repealed.
5:02:03:07 Repealed.
5:02:03:08 Repealed.
5:02:03:09 Repealed.
5:02:03:10 Repealed.
5:02:03:11 Repealed.
5:02:03:12 Agency voter registration instructions.
5:02:03:13 Voter registration instructions.
5:02:03:14 Acknowledgement notice for invalid or incomplete voter registration applications.
5:02:03:15 Acknowledgement notice for valid voter registrations.
5:02:03:16 Confirmation mailing notice.
5:02:03:17  Retention of confirmation mailing notice records.
5:02:03:18  Voter registration statistics.
5:02:03:19  Voter registration address verification notice.
5:02:03:20  Potential duplicate notice.
5:02:03:21  Statement by person registering without a driver license, nondriver identification number, or social security number.
5:02:03:22  Parameters for voter registration verification with driver license records.
5:02:03:23  Parameters for voter registration verification with social security administration records.
5:02:03:24  Notice to removed felons.
5:02:03:25  Repealed.
5:02:03:26  National change of address notice.
5:02:03:27  Voter registration list maintenance confirmation notice.
5:02:03:21. Statement by person registering without a driver license, nondriver identification number, or social security number. The statement which must be signed by a person registering to vote who does not have a South Dakota driver license, South Dakota nondriver identification number, or social security number shall be in the following form:

Statement by Person Registering Without a South Dakota Driver License, South Dakota Nondriver Identification Number, or Social Security Number

I, ________________________ (print complete name), under oath, declare that I do not have a valid South Dakota driver license or South Dakota nondriver identification number, and that I have not been issued a social security number. Because I do not have a South Dakota driver license, South Dakota nondriver identification number, or social security number, my voter registration form is blank in the spot requiring such number.

(Signed) ________________________________

Sworn to before me this ______ day of _______________, 20_____.

(Seal)

__________________________________
Signature of County Auditor

Source: 29 SDR 177, effective July 2, 2003; 33 SDR 230, effective July 1, 2007.

General Authority: SDCL 12-4-5.4.

Law Implemented: SDCL 12-4-5.4.
5:02:04:06. Notice of vacancy for municipal election. The notice of vacancy for a municipal election shall be in the following form:

NOTICE OF VACANCY
MUNICIPALITY OF ______________

The following offices will become vacant due to the expiration of the present term or due to the resignation of office of the elective officer:

(HERE LIST THE OFFICES TO BE FILLED)

Mayor, ______ year term

City Commission, City Council, Alderman-Ward (list ward), Trustee, ______ year term

City Commission, City Council, Alderman-Ward (list ward), Trustee, ______ year term

City Council at Large, ______ year term

Circulation of nominating petitions may begin on _________________ and petitions may be filed in the office of the finance officer located at _________________ between the hours of ______ a.m. and ______ p.m., (mountain or central) time not later than the ______ day of _________________, 20_____, or mailed by registered mail not later than the ______ day of _________________, 20_____, at 5:00 p.m. (mountain or central) time.

_______________________________________
Finance Officer
Source: 4 SDR 26, effective October 27, 1977; 8 SDR 24, effective September 16, 1981; 14 SDR 19, effective August 9, 1987; 16 SDR 20, effective August 10, 1989; 19 SDR 12, effective August 5, 1992; 42 SDR 178, effective July 1, 2016.

General Authority: SDCL 12-1-9(3).

5:02:08:00. Guidelines for acceptance of petitions. When a petition is presented for filing, the person or governing board authorized to accept the petition shall determine if it meets the following requirements:

(1) The petition is in the form required by this chapter;

(2) The petition contains the minimum number of valid signatures, counted according to § 5:02:08:00.01. One or more invalid signatures on a petition do not disallow other valid signatures;

(3) Each sheet of the petition contains an identical heading and is verified by the circulator. The circulator may add the addresses of the petitioners and the dates of signing before completing the verification. The circulator may also add the printed name of the signer and the county of voter registration. Residence addresses may be abbreviated. The verification was completed and signed before an officer authorized to administer oaths in this state;

(4) The declaration of candidacy contains the original signature of the candidate. Additional sheets may have an original or photocopied signature of the candidate;

(5) If a petition is for a ballot question to be voted on statewide, the signatures were obtained after a copy of the text of the petition was filed with the Office of the Secretary of State;

(6) If a petition is for a ballot question to be voted on statewide, the sponsor(s) must submit the affidavit of completed petition along with the information required for each petition circulator when the petition sheets are submitted to the Office of the Secretary of State;
(7) The governing board or person authorized to accept the petition shall, if requested, allow a petition circulator the opportunity to add missing information on the signature lines or circulator's verification on the petition provided the filing deadline has not passed; and

(8) Following the presentation of the petition for filing, names may not be removed from the petition.

Except for petitions to nominate candidates for school boards, municipal offices, and or statewide campaigns, the person who is authorized to accept petitions for filing need not check for voter registration of the signers. **Petitions containing signatures in excess of the minimum number may be filed, but any excess signatures will be disregarded,** unless there is a challenge to that petition. Excess signatures will not be considered by the filing office unless the signatures are needed to validate the petition.

**Source:** 2 SDR 46, effective December 30, 1975; 6 SDR 25, effective September 24, 1979; 8 SDR 24, effective September 16, 1981; 10 SDR 27, effective September 26, 1983; 14 SDR 19, effective August 9, 1987; 16 SDR 20, effective August 10, 1989; 16 SDR 203, effective May 28, 1990; 28 SDR 99, effective January 17, 2002; 35 SDR 48, effective September 8, 2008; 42 SDR 178, effective July 1, 2016; 45 SDR 9, effective July 30, 2018; 46 SDR 42, effective September 30, 2019.

**General Authority:** SDCL 12-1-9(6).

**Law Implemented:** SDCL 2-1-1.1, 2-1-1.2, 2-1-3.1, 9-13-7, 9-13-11, 12-1-1, 12-1-1.1, 12-1-2, 12-6-7.1, 12-6-8, 12-7-1, 13-7-6, 12-1-3, 12-6-4.

**Cross-Reference:** Sections of petition, § 5:02:08:00.02.
5:02:08:07. Form of initiative petition. The initiative petition form shall follow the specifications provided in this section.

The initiative petition shall be in the following form:

INITIATIVE PETITION

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following proposed law be submitted to the voters of the state of South Dakota at the general election on November ____ , _____, for their approval or rejection pursuant to the Constitution of the State of South Dakota.

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following proposed law be submitted to the voters of the state of South Dakota at the general election on November _____ , 20_____, for their approval or rejection pursuant to the Constitution of the State of South Dakota.

Title:

Attorney General Explanation:

Be it enacted by the people of South Dakota.

The text of the proposed law is as follows: (insert text)

(Insert the instructions to voters and signature blanks prescribed in § 5:02:08:00.03.)

VERIFICATION BY PERSON CIRCULATING PETITION

INSTRUCTIONS TO CIRCULATOR: This section (bold) must (unbold) be completed following circulation and before filing.
I, under oath, state that I circulated the above petition, that each signer personally signed this petition in my presence, that I am not attesting to any signature obtained by any other person, that I am a resident of South Dakota, that I made reasonable inquiry and to the best of my knowledge each person signing the petition is a qualified voter in the county indicated on the signature line, that no state statute regarding petition circulation was knowingly violated, and that either the signer or I added the printed name, the residence address of the signer, the date of signing, and the county of voter registration.

<table>
<thead>
<tr>
<th>Print name of the circulator</th>
<th>Residence Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

____________________________________                  ____________________________________
Circulator ID Number (paid circulator only)            Signature of Circulator

Sworn to before me this ________ day of _____________, ______.

Sworn to before me this ________ day of _____________, 20_____.

(Seal)                                                          ____________________________________
Signature of Officer Administering Oath

My Commission Expires _______________

____________________________________
Title of Officer Administering Oath

**Source:** 2 SDR 46, effective December 30, 1975; 3 SDR 69, effective April 10, 1977; 6 SDR 25, effective September 24, 1979; 16 SDR 20, effective August 10, 1989; 26 SDR 168, effective June 25, 2000; 33 SDR 230, effective July 1, 2007; 36 SDR 112, effective January 11, 2010; 45 SDR 9, effective July 30, 2018.

**General Authority:** SDCL 12-1-9(7).

**Law Implemented:** SDCL 2-1-1, 2-1-7, 2-1-10, 2-1-4.4, 2-1-1.2.
5:02:08:08. **Form of referendum petition.** The referendum petition form shall follow the specifications provided in this section.

The petition of referendum shall be in the following form:

**REFERENDUM PETITION**

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following law, as enacted by the Legislature of the state of South Dakota, be submitted to the voters of the state of South Dakota at the general election on November _____, ______, for their approval or rejection pursuant to the Constitution of the state of South Dakota.

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following law, as enacted by the Legislature of the state of South Dakota, be submitted to the voters of the state of South Dakota at the general election on November _____, 20____, for their approval or rejection pursuant to the Constitution of the state of South Dakota.

(Here insert the title of law to be submitted and the effective date of the referred law.)

(Insert the instructions to voters and signature blanks prescribed in § 5:02:08:00.03.)

**VERIFICATION BY PERSON CIRCULATING PETITION**

**INSTRUCTIONS TO CIRCULATOR:** This section (bold) **must** (unbold) be completed following circulation and before filing.

Print name of the circulator    Residence Address    City    State
I, under oath, state that I circulated the above petition, that each signer personally signed this petition in my presence, that I am not attesting to any signature obtained by any other person, that I am a resident of South Dakota, that I made reasonable inquiry and to the best of my knowledge each person signing the petition is a qualified voter in the county indicated on the signature line, that no state statute regarding petition circulation was knowingly violated, and that either the signer or I added the printed name, the residence address of the signer, the date of signing, and the county of voter registration.

____________________________________                  ____________________________________
Circulator ID Number (paid circulator only)            Signature of Circulator

Sworn to before me this ________ day of _____________, ______.

Sworn to before me this ________ day of _____________, 20_____.

(Seal)                                                          ____________________________________
Signature of Officer Administering Oath

My Commission Expires __________________

____________________________________
Title of Officer Administering Oath

Source: 2 SDR 46, effective December 30, 1975; 3 SDR 69, effective April 10, 1977; 6 SDR 25, effective September 24, 1979; 16 SDR 20, effective August 10, 1989; 26 SDR 168, effective June 25, 2000; 33 SDR 230, effective July 1, 2007; 36 SDR 112, effective January 11, 2010; 45 SDR 9, effective July 30, 2018.

General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 2-1-3, 2-1-7, 2-1-10, 2-1-3.1.
5:02:08:09. Form of initiated constitutional amendment petition or initiated petition for repeal of constitutional provision. The petition for initiated constitutional amendment or repeal shall be in the following form:

INITIATED CONSTITUTIONAL AMENDMENT PETITION

or

INITIATED PETITION FOR REPEAL OF CONSTITUTIONAL PROVISION

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following section or sections and article or articles of the South Dakota Constitution be (repealed) (amended) and that this proposal be submitted to the voters of the state of South Dakota at the general election on November ____, _____, for their approval or rejection.

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following section or sections and article or articles of the South Dakota Constitution be (repealed) (amended) and that this proposal be submitted to the voters of the state of South Dakota at the general election on November ____, 20_____, for their approval or rejection.

Title:
Attorney General Explanation:

(Here identify the section or sections and article or articles proposed to be repealed or amended. State the exact text of the amendment.)

__________________________________________________________________________

(Insert the instructions to voters and signature blanks prescribed in § 5:02:08:00.03.)

VERIFICATION BY PERSON CIRCULATING PETITION
INSTRUCTIONS TO CIRCULATOR: This section (bold) must (unbold) be completed following circulation and before filing.

________________________________________________________________________________
______________________________________________________________________________

Print name of the circulator              Residence Address                                City                 State

I, under oath, state that I circulated the above petition, that each signer personally signed this petition in my presence, that I am not attesting to any signature obtained by any other person, that I am a resident of South Dakota, that I made reasonable inquiry and to the best of my knowledge each person signing the petition is a qualified voter in the county indicated on the signature line, that no state statute regarding petition circulation was knowingly violated, and that either the signer or I added the printed name, the residence address of the signer, the date of signing, and the county of voter registration.

____________________________________                  ____________________________________
Circulator ID Number (paid circulator only)                     Signature of Circulator

Sworn to before me this ________ day of _____________, 20______.

(Seal)                                                          ____________________________________
Signature of Officer Administering Oath

My Commission Expires ________________

____________________________________
Title of Officer Administering Oath

Source: 2 SDR 46, effective December 30, 1975; 3 SDR 69, effective April 10, 1977; 6 SDR 25, effective September 24, 1979; 16 SDR 20, effective August 10, 1989; 26 SDR 168, effective June 25, 2000; 33 SDR 230, effective July 1, 2007; 36 SDR 112, effective January 11, 2010; 42 SDR 178, effective July 1, 2016; 45 SDR 9, effective July 30, 2018.

General Authority: SDCL 12-1-9(7).
Law Implemented: S.D. Constitution, art XXIII, § 1; SDCL 2-1-1.1, 2-1-10.
5:02:08:11. Nominating petition for school board member. The nominating petition for school board member must be in the following form:

NOMINATING PETITION FOR SCHOOL BOARD MEMBER
_______________ SCHOOL DISTRICT # _____

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of ___________________________ school district number _________, state of South Dakota, nominate ______________________________ whose mailing address is ____________________, _______________, South Dakota, ______, and whose residence address is ____________________, ______________ South Dakota, for a ____-year term (in ________________ representation area, if applicable) on the school board at the school board election to be held on the _____ day of __________, 20____.

WE, THE UNDERSIGNED qualified voters of ___________________________ school district number _________, state of South Dakota, nominate ______________________________ whose mailing address is ____________________, _______________, South Dakota, ______, and whose residence address is ____________________, ______________ South Dakota, for a ____-year term (in ________________ representation area, if applicable) on the school board at the school board election to be held on the _____ day of __________, 20____.

DECLARATION OF CANDIDATE
I, __________________________ (print name here exactly as you want it on the election ballot), under oath, declare that I reside in __________________ school district number   , South Dakota; that I am a registered voter of the district; and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________

Sworn to before me this _____ day of __________, 20____.

(Seal)

________________________________
Signature of Officer Administering Oath

My commission expires _________.

_________________________________
Title of Officer Administering Oath

(Insert here the instructions to signers and verification by the circulator portions of the petition form prescribed in § 5:02:08:00.03.)


General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 12-1-2, 13-7-6, 13-7-13.
5:02:08:20. Certificate of nomination for Independent presidential electors. The certificate of nomination for Independent presidential electors shall be in the following form:

CERTIFICATE OF NOMINATION FOR INDEPENDENT PRESIDENTIAL ELECTORS

INSTRUCTIONS TO CANDIDATES: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, nominate __________________________ of ________________ County, whose mailing address is ______________________________; ______________________ of _____________ County, whose mailing address is ______________________________; __________________________ of _______________ County, whose mailing address is _____________________________, as independent candidates for the office of Presidential Electors for __________________________ and ________________ at the General Election to be held November ____, 20____.

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, nominate __________________________ of ________________ County, whose mailing address is ______________________________, SD _______; ______________________ of _____________ County, whose mailing address is ______________________________, SD _______; __________________________ of _______________ County, whose mailing address is ______________________________, SD _______, as independent candidates for the office of Presidential Electors for ___________________ _______ and ________________ at the General Election to be held November ____, 20____.
DECLARATION OF CANDIDATES

We, under oath, declare that we reside in ____________, ____________, and ____________ Counties, respectively, and that we are or will be eligible to seek the offices for which we are candidates. If elected, we will qualify and serve in those offices.

(Signed) _______________________________

(Signed) _______________________________

(Signed) _______________________________

Sworn to before me this _____ day of ____________, 20____.

(Seal)                                                                                          ____________________________________
Signature of Officer Administering Oaths

My commission expires ____________.

_______________________________________________________________________________
Title of Officer Administering Oaths

The balance of this petition form is prescribed in § 5:02:08:00.03.


General Authority: SDCL 12-1-9.

Law Implemented: SDCL 12-6-5, 12-6-8, 12-7-1, 12-7-7.
5:02:08:24. Form of petition for water development district director. The nominating petition for a director of a water development district shall be in the following form:

NOMINATING PETITION FOR WATER DEVELOPMENT DISTRICT DIRECTOR
NONPARTISAN ELECTION

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED registered voters of ____________________ (insert the director area the candidate is to represent) of the ____________________ Water Development District, nominate ___________________ of ______________ County, State of South Dakota, whose mailing address is ____________________, South Dakota, as a candidate for the office of director, representing ____________________ (insert the director area the candidate is to represent) of the ____________________ Water Development District for a _____ year term in the primary election to be held on June _____. 20____.

WE, THE UNDERSIGNED registered voters of ____________________ (insert the director area the candidate is to represent) of the ____________________ Water Development District, nominate ___________________ of ______________ County, State of South Dakota, whose mailing address is ____________________, ______________, SD _______, as a candidate for the office of director, representing ____________________ (insert the director area the candidate is to represent) of the ____________________ Water Development District for a _____ year term in the primary election to be held on June _____, 20____.
DECLARATION OF CANDIDATE

I, ______________________ (print name here exactly as you want it on the election ballot), under oath, declare that I am a resident and registered voter in the director area that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________________

Sworn to before me this ______ day of __________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires _________.

__________________________________
Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

Source: 10 SDR 27, effective September 26, 1983; 11 SDR 120, effective March 11, 1985; 16 SDR 20, effective August 10, 1989; 35 SDR 48, effective September 8, 2008; 36 SDR 209, effective June 30, 2010.

General Authority: SDCL 12-1-9(7).

5:02:08:25. Form of petition for irrigation district director by division. The nominating petition for a director of an irrigation district by division shall be in the following form:

NOMINATING PETITION FOR IRRIGATION DISTRICT DIRECTOR BY DIVISION
NONPARTISAN ELECTION

Only owners of not less than thirty-five acres of land within the area to be represented by the candidate are eligible to sign this petition.

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED electors of Director Division _________________, of the _______________________ Irrigation District, nominate ____________________________ of _________________ County, State of South Dakota, whose mailing address is ____________________________, South Dakota, as a candidate for the office of irrigation district director for Director Division _________________, of the _______________________ Irrigation District in the annual election to be held on October ____, 20____.
DECLARATION OF CANDIDATE

I, ______________________ (print name here exactly as you want it on the ballot), under oath, declare that I am an elector in the area that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed) __________________________________________

Sworn to before me this ______ day of __________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires __________.

________________________________

Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

Source: 11 SDR 120, effective March 11, 1985; 16 SDR 20, effective August 10, 1989.

General Authority: SDCL 12-1-9.

Law Implemented: SDCL 46A-4-27.1, 46A-4-28.
5:02:08:26. Form of petition for irrigation district director at large. The nominating petition for a director at large of an irrigation district shall be in the following form:

**NOMINATING PETITION FOR IRRIGATION DISTRICT DIRECTOR AT LARGE**

**NONPARTISAN ELECTION**

Only owners of not less than thirty-five acres of land within the area to be represented by the candidate are eligible to sign this petition.

**INSTRUCTIONS TO CANDIDATE:** The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

__________________________________________________________________________________

**WE, THE UNDERSIGNED electors of the _________________________ Irrigation District,**

nominate __________________ of ______________ County, State of South Dakota, whose mailing address is _______________, South Dakota, as a candidate for the office of irrigation district director at large of the _________________________ Irrigation District in the annual election to be held on October ____, 20___.

**WE, THE UNDERSIGNED electors of the _________________________ Irrigation District,**

nominate __________________ of ______________ County, State of South Dakota, whose mailing address is ______________________________, __________________, SD _______, as a candidate for the office of irrigation district director at large of the _________________________ Irrigation District in the annual election to be held on October ____, 20___.

__________________________________________________________________________________

DECLARATION OF CANDIDATE
I, ______________________ (print name here exactly as you want it on the ballot), under oath, declare that I am an elector in the area that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________________

Sworn to before me this ______ day of __________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires __________.

________________________________________

Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

Source: 11 SDR 120, effective March 11, 1985; 16 SDR 20, effective August 10, 1989.

General Authority: SDCL 12-1-9.

Law Implemented: SDCL 46A-4-27.1, 46A-4-28.
NOMINATING PETITION FOR WATER PROJECT DISTRICT DIRECTOR
BY DIVISION
NONPARTISAN ELECTION

Only registered voters or owners of real property, or both, within the area to be represented by the candidate are eligible to sign this petition. (SDCL 46A-18-5)

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of Director Division _______________, of the _____________________ Water Project District, nominate ___________________ of _______________ County, State of South Dakota, whose mailing address is _______________, South Dakota, as a candidate for the office of water project district director for Director Division _______________, of the _____________________ Water Project District in the annual election to be held on ____________, 20____.

WE, THE UNDERSIGNED qualified voters of Director Division _______________, of the _____________________ Water Project District, nominate ___________________ of _______________ County, State of South Dakota, whose mailing address is _______________, _______________, SD ___________, as a candidate for the office of water project district director for Director Division _______________, of the _____________________ Water Project District in the annual election to be held on ____________, 20____.
DECLARATION OF CANDIDATE

I, ______________________ (print name here exactly as you want it on the ballot), under oath, declare that I am a qualified voter as defined in SDCL 46A-18-5 in the area that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)_______________________________

Sworn to before me this ______ day of __________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires ________.

________________________________

Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

**Source:** 11 SDR 120, effective March 11, 1985; 16 SDR 20, effective August 10, 1989.

**General Authority:** SDCL 12-1-9.

**Law Implemented:** SDCL 46A-18-25.
5:02:08:28. Form of petition for water project district director at large. The nominating petition for a director at large of a water project district shall be in the following form:

NOMINATING PETITION FOR WATER PROJECT DISTRICT DIRECTOR AT LARGE
NONPARTISAN ELECTION

Only registered voters or owners of real property, or both, within the area to be represented by the candidate are eligible to sign this petition. (SDCL 46A-18-5)

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of the _________________________ Water Project District, nominate ___________________ of ______________ County, State of South Dakota, whose mailing address is _______________, South Dakota, as a candidate for the office of water project district director at large of the ___________________ Water Project District in the annual election to be held on ________________, 20____.

WE, THE UNDERSIGNED qualified voters of the _________________________ Water Project District, nominate ___________________ of ______________ County, State of South Dakota, whose mailing address is _______________, ______________, SD __________, as a candidate for the office of water project district director at large of the ___________________ Water Project District in the annual election to be held on ________________, 20____.

DECLARATION OF CANDIDATE
I, ______________________ (print name here exactly as you want it on the ballot), under oath, declare that I am a qualified voter as defined in SDCL 46A-18-5 in the District that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________________

Sworn to before me this ______ day of __________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires __________.

________________________________

Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

Source: 11 SDR 120, effective March 11, 1985; 16 SDR 20, effective August 10, 1989.

General Authority: SDCL 12-1-9.

5:02:08:34. Form of nominating petition for township election. The nominating petition for a township election must be in the following form:

NOMINATING PETITION FOR TOWNSHIP ELECTION

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of the township of ________________ in ________________ County, South Dakota, nominate ____________________________ whose residence address is ________________, SD ________, and whose business address is ________________, SD ________, as a candidate for the office of ________________ at the annual township meeting to be held on the _____ day of ________________, 20_____

WE, THE UNDERSIGNED qualified voters of the township of ________________ in ________________ County, South Dakota, nominate ____________________________ whose residence address is ________________, ________________, SD __________, and whose business address is ________________, ________________, SD __________, as a candidate for the office of ________________ at the annual township meeting to be held on the _____ day of ________________, 20_____.

DECLARATION OF CANDIDATE

I, ____________________________ (print name here exactly as you want it on the election ballot) under oath, declare that I reside in the township of ________________ in
___________________ County, South Dakota, and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________________

Sworn to before me this _____ day of ____________, ______.

Sworn to before me this _____ day of ____________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires __________.

________________________________
Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.


General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 8-3-1.2.
5:02:08:35. Form of nominating petition for special district trustee. The petition for special district trustees must be in the following form:

NOMINATING PETITION FOR DISTRICT TRUSTEE

WE, THE UNDERSIGNED qualified voters of ________________ District, ___________ County, South Dakota, nominate ______________________________ whose residence address is ____________________________, SD __________, and whose business address is ____________________________, SD __________, as a candidate for the office of District Trustee of ________________ District at the election to be held on the ______ day of ________________, ________.

WE, THE UNDERSIGNED qualified voters of ________________ District, ___________ County, South Dakota, nominate ______________________________ whose residence address is ____________________________, __________________, SD __________, and whose business address is ____________________________, __________________, SD __________, as a candidate for the office of District Trustee of ________________ District at the election to be held on the ______ day of ________________, 20_____.

_______________________________________________________________________________

DECLARATION OF CANDIDATE

I, ________________________________ (print name here exactly as you want it on the ballot) under oath, declare that I am eligible for the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)____________________________
Sworn to before me this _____ day of __________________, 20____.

(Seal)                                                                                     ________________________________

Signature of Officer Administering Oath

My commission expires __________.

________________________________

Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03.

**Source:** 16 SDR 203, effective May 28, 1990; 25 SDR 8, effective August 3, 1998; 35 SDR 48, effective September 8, 2008.

**General Authority:** SDCL 12-1-9(7).

**Law Implemented:** SDCL 6-16-8, 31-12A-17, 34A-5-21.
5:02:08:36. Form of petition for conservation district supervisor -- Nonpartisan election. The nominating petition for conservation district supervisor must be in the following form:

NONPOLITICAL CONSERVATION DISTRICT PETITION
CONSERVATION DISTRICT SUPERVISOR

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

________________________________________________________________________________
WE, THE UNDERSIGNED registered voters of ________________________________
Conservation District in ___________________ County(ies), South Dakota, nominate
________________________________ of _____________ County, State of South Dakota, whose
mailing address is ______________________________, __________________, SD _______, as a
candidate for the office of Conservation District Supervisor, for "a four" "the remaining two years of a
four" (cross out incorrect option) year term, within the ___________________ Conservation District at
the general election to be held on November ______, ______.

________________________________________________________________________________
DECLARATION OF CANDIDATE

WE, THE UNDERSIGNED registered voters of ________________________________
Conservation District in ___________________ County(ies), South Dakota, nominate
________________________________ of _____________ County, State of South Dakota, whose
mailing address is ______________________________, __________________, SD _______, as a
candidate for the office of Conservation District Supervisor, for ______ "a four" ______ "the remaining
two years of a four" (place check mark (✓) in front of the correct option) year term, within the
___________________ Conservation District at the general election to be held on November ______, 20_____.

________________________________________________________________________________
I, ___________________________ (print name here exactly as you want it on the election ballot), under oath, declare that I am registered to vote in ___________________ County, and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve as Conservation District Supervisor.

(Signed)_____________________________

Sworn to before me this _____ day of __________________, ______.

Sworn to before me this _____ day of __________________, 20_____.

(Seal)                                                                        ________________________________
Signature of Officer Administering Oath

________________________________
Title of Officer Administering Oath

My commission expires __________.

________________________________________________________________________________

The balance of this petition form is prescribed in § 5:02:08:00.03.


General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 38-8-39.
5:02:08:42. Form of petition for consumers power district director. The nominating petition for a director of a consumers power district shall be in the following form:

**NONPARTISAN NOMINATING PETITION FOR CONSUMERS POWER DISTRICT DIRECTOR**

**INSTRUCTIONS TO CANDIDATE:** The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

We, the undersigned registered voters of Subdivision No. _____ (insert the subdivision the candidate is to represent) of the ____________ Consumers Power District nominate _______________________ of ____________ County, State of South Dakota, whose mailing address is ____________________________ and whose residence address is ____________________________ as a candidate for the office of director, representing Subdivision No. _____ (insert the subdivision area the candidate is to represent) of the ____________ Consumers Power District in the primary election to be held on June _____, 20_____.

We, the undersigned registered voters of Subdivision No. _____ (insert the subdivision the candidate is to represent) of the ____________ Consumers Power District nominate _______________________ of ____________ County, State of South Dakota, whose mailing address is ____________________________, 7777, SD _______ and whose residence address is ____________________________, 7777, SD _______ as a candidate for the office of director, representing Subdivision No. _____ (insert the subdivision area the candidate is to represent) of the ____________ Consumers Power District in the primary election to be held on June _____, 20_____.

35
DECLARATION OF CANDIDATE

I, ________________________________ (print name here exactly as you want it on the election ballot), under oath, declare that I own real property and reside in the area that I will represent and that I am eligible to seek the office for which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Signed)________________________________________

Sworn to before me this _____ day of ________________, ______.

Sworn to before me this _____ day of ________________, 20______.

(Seal)                                                                                         Signature of Officer Administering Oath

My Commission Expires__________________                                                                                           Title of Officer Administering Oath

The balance of this petition form is prescribed in § 5:02:08:00.03

Source: 35 SDR 48, effective September 8, 2008.

General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 49-36-1.3.
CHAPTER 5:02:09

AUTOMATIC TABULATING EQUIPMENT

Section

5:02:09:01 Repealed.

5:02:09:01.01 Notice of testing automatic tabulating equipment.

5:02:09:01.02 Test of tabulating equipment.

5:02:09:01.03 Test of direct recording electronic voting machines. Repealed.

5:02:09:02 Approval of automatic tabulating systems required before distribution.

5:02:09:02.01 Criteria for approving automatic tabulating systems.

5:02:09:02.02 Repealed.

5:02:09:02.03 Criteria for approving electronic ballot marking systems.

5:02:09:03 Number of voting booths.

5:02:09:04 Repealed.

5:02:09:04.01 Repealed.

5:02:09:04.02 Repealed.

5:02:09:04.03 Arrangements for and conduct of voting in precincts where automatic tabulating systems used.

5:02:09:04.04 Tabulation procedures.

5:02:09:04.05 Election day test of electronic ballot marking system.

5:02:09:05 Recount procedure.

5:02:09:06 Repealed.
5:02:09:07  Repealed.
5:02:09:08  Repealed.
5:02:09:09  Unnecessary items in the pollbook.
5:02:09:10  Repealed.
5:02:09:11  Official and unofficial election results.
5:02:09:11.01  Repealed.
5:02:09:11.20  Repealed.
5:02:09:12  Repealed.
5:02:09:13  Envelope for official returns.
5:02:09:14  Oath by tabulation center employees.
5:02:09:15  Repealed.
5:02:09:16  Recapitulation sheet.
5:02:09:17  Examination of voting booths.
5:02:09:18  Repealed.
5:02:09:19  Repealed.
5:02:09:20  Repealed.
5:02:09:21  Repealed.
5:02:09:22  Counting imperfectly marked optical scan ballots.
5:02:09:01.03. Test of direct recording electronic voting machines. The person in charge shall conduct tests of the direct recording electronic voting machines as required in SDCL 12-17B-5 and 12-17B-12. The tests shall be conducted by processing a preaudited group of simulated ballots in a test deck marked to record a predetermined number of valid votes for each candidate and each measure. The test deck shall include for each office and ballot question being voted on that machine:

(1) One or more ballots with a vote for each candidate and each side of a ballot question;
(2) One or more ballots which have votes in excess of the number allowed by law for each office and question; and
(3) One or more ballots which contain an undervote.

At least five simulated test ballots shall be counted during the test. The person conducting the test of the direct recording electronic voting machines shall date and sign the printout as verification that the test was completed and that an errorless count was received. The test deck and printout must be secured and retained.

In addition to these tests, the test deck may be processed any time before or after completion of the official count. Repealed.


General Authority: SDCL 12-17B-17.

Law Implemented: SDCL 12-17B-5, 12-17B-12.
5:02:09:02. Approval of automatic tabulating systems required before distribution. Prior to distribution in South Dakota, a company or corporation dealing in automatic tabulating, direct recording electronic, or electronic ballot marking systems shall give written notice to the state board of elections and demonstrate that its system complies with SDCL 12-17B-2 and § 5:02:09:02.01 or 5:02:09:02.03 and is certified as fulfilling the requirements of the most current Election Assistance Commission 2002 voting system standards by an independent test authority accredited by the Election Assistance Commission. If the State Board of Elections approves the system, it shall issue a certificate of approval.

Any changes or modifications in an approved automatic tabulating, direct recording electronic, or electronic ballot marking system may be certified by the State Board of Elections with or without the demonstration described in this section for initial approval. The modification for the already approved system must have been certified as fulfilling the requirements of the most current Election Assistance Commission voting system 2002 standards by an independent test authority accredited by the Election Assistance Commission or been certified to meet the national standard by another state. Any change or modification determined to be de minimis by the independent test authority does not need state board of elections certification.


General Authority: SDCL 12-17B-17(1).

Law Implemented: SDCL 12-17B-2.
5:02:09:16. Recapitulation sheet. A recapitulation sheet containing the following information shall be filled out for each type of ballot style. Two columns may be used to separate optical scan and express vote ballots for each ballot style. The person in charge of the election can create this in a format that works for them as long as all the information listed below is included.

<table>
<thead>
<tr>
<th>(Date and Name of Election)</th>
<th>Ballot Type</th>
<th>Ballot Type</th>
<th>Ballot Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECAP SHEET: PRECINCT _____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Official Ballots Received from Auditor
   _____ + _____ + _____ +

2. Additional Ballots Received During the Day
   _____ + _____ + _____ +

3. Absentee Ballots Received
   _____ + _____ + _____ +

4. Total Ballots Received (add lines 1, 2 and 3) = _____ (Line 4 Total) = _____ (Line 4 Total) = _____ (Line 4 Total)

5. Ballots Spoiled
   _____ + _____ + _____ +

6. Ballots Unvoted at End of the Day
   _____ + _____ + _____ +

7. Absentee Ballots not Opened
   _____ + _____ + _____ +

8. Total (add lines 5, 6 and 7) = _____ (Line 8 Total) = _____ (Line 8 Total) = _____ (Line 8 Total)

9. Ballots Voted (Line 4 minus Line 8) (Line 9 Total) (Line 9 Total) (Line 9 Total)

10. Provisional Ballots Voted
    _____

11. Ballots to Be Counted (Line 9 minus Line 10)
    _____
12. Enter Number of Voters from Pollbook for this Type of Ballot

If Line 9 and Line 12 are not the same, compare the voters in the pollbook and the registration list and correct any mistakes.

Signed: ____________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Precinct Officials

PLACE INSIDE BALLOT BOX OR TRANSFER CASE WITH VOTED BALLOTS

Discrepancies noted by resolution board: _______

(fill in only if there is a different total than above)

Signed ________________________________

_______________________________________

_______________________________________

_______________________________________

Resolution Board

Tabulation center employees shall compare the number of ballots listed on the tabulation tape to the number of ballots listed on this recap sheet. These numbers need to match before the tabulation center employees can sign off on this form.
Printer's note: In central count optical scan precincts, lines 10 and 11 may be completed by tabulation center employees. The printed form may be changed to reflect this option.

**Source:** 8 SDR 81, effective January 10, 1982; 12 SDR 43, effective September 23, 1985; 21 SDR 77, effective October 24, 1994; 22 SDR 95, effective January 18, 1996; 30 SDR 171, effective May 10, 2004; 31 SDR 35, effective September 23, 2004; 45 SDR 9, effective July 30, 2018.

**General Authority:** SDCL 12-17B-17(2).

**Law Implemented:** SDCL 12-17B-9, 12-18-32, 12-17B-6.1.
CHAPTER 5:02:10

ABSENTEE VOTING

Section

5:02:10:01  (Effective through November 30, 2020) Application for absentee ballot.  (Effective December 1, 2020) Application for absentee ballot.

5:02:10:01.01 Receipt for absentee ballot.

5:02:10:01.02 Guidelines for acceptance of facsimile absentee ballot applications from UOCAVA voters.

5:02:10:01.03 Combined absentee ballot application/return envelope.

5:02:10:01.04 Repealed.

5:02:10:02 Repealed.

5:02:10:03 Envelope for sending ballots to voter.

5:02:10:04 (Effective through November 30, 2020) Instructions to absentee voters.  (Effective December 1, 2020) Instructions to absentee voters.

5:02:10:05 (Effective through November 30, 2020) Official return envelope for ballots used in voting.  (Effective December 1, 2020) Official return envelope for ballots used in voting.

5:02:10:06 Official record of absentee ballots delivered to voters.

5:02:10:07 Repealed.

5:02:10:08 Envelopes for use with voting service and overseas ballots.
5:02:10:01. (Effective through November 30, 2020) Application for absentee ballot. The application for an absentee ballot must be in the following form:
South Dakota Absentee Ballot Application Form

Please print and return to your county auditor. A new application must be completed each calendar year.

You may apply for an absentee ballot before 5:00 p.m. the day before the election for any or all general, primary, municipal, school, or any other elections conducted in this calendar year with one request. Additional information on absentee voting is available at sdsos.gov.

<table>
<thead>
<tr>
<th>1</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name(s)/Initial</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Voter Registration Address</td>
<td>Apt. or Lot #</td>
<td>City, State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>3</td>
<td>Absentee ballot mailing address (if different from Section #2)</td>
<td>City, State</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR: (If your address changes after this is submitted, you must submit a new form)

1. All ☐ General ☐ Primary ☐ Municipal ☐ School ☐ Any Other
2. If you are registered as an independent and are requesting a Primary Election ballot, you may have a choice of the following:
   - Democratic ☐ Non-Political ☐
3. Daytime telephone number: If request is for a municipal or school election:
   - I have lived in the jurisdiction at least 30 days in the last year. ☐ YES ☐ NO
   - I am a full-time student who resided in that jurisdiction prior to leaving. ☐ YES ☐ NO

MILITARY AND OVERSEAS CITIZENS ONLY:

☑ YES ☐ NO - I am a member of the Uniformed Services or Merchant Marine on active duty
☑ YES ☐ NO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty
☐ YES ☐ NO - I am a U.S. citizen residing outside the United States
If you checked no for all questions, proceed to section #7.
If you would like your ballot sent electronically (for Primary and General Elections ONLY) instead of first class mail, provide your e-mail address:

E-mail address (MILITARY AND OVERSEAS CITIZENS ONLY):

*An overseas military, overseas citizen, or stateside military, a spouse or dependent of the same, voter is not required to submit a photocopy of the voter’s ID.

*Any military and overseas voter may submit a signed application for absentee ballot by fax or e-mail.

An acceptable ID is: A South Dakota driver’s license or non-driver’s ID card, a passport or other picture ID issued by the United States government, a tribal photo ID, or a current student photo ID issued by a South Dakota high school or postsecondary education institution.

☐ Copy of photo identification is attached OR
☐ I hereby verify that I am the person named above and these statements made by me on this application are true and correct.

Sworn to me before this ______ day of __________, 20___

(Sign)

Notary Signature ____________________________

Voter’s Signature (required)

Voter’s Date of Signing (required): __/__/____

My commission expires ________________

Month / Day / Year

AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day.

As a registered voter, I authorize...

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Daytime telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Apt. or Lot #</td>
<td>City, State</td>
</tr>
</tbody>
</table>

...to serve as my authorized messenger to pick up my absentee ballot. I further certify under penalty of law that I am confined because of sickness or disability and for this reason alone am unable to vote at my polling place on Election Day.

As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on...Date: ______________Time: ______________

Are you serving as an authorized messenger for any other voter? ☐ YES ☐ NO

Voter’s Signature

Authorized Messenger’s Signature
(Effective December 1, 2020) Application for absentee ballot. The application for an absentee ballot must be in the following form:

**South Dakota Absentee Ballot Application Form**

---

Please print and return to the county auditor in the county you are registered. A new application must be completed EACH calendar year.

You may apply for an absentee ballot before 5:00 p.m. the day before the election for any or all general, primary, municipal, school, or any other elections conducted in this calendar year with one request. Additional information on absentee voting is available at sdsos.gov.

**1. Last Name**
**2. First Name**
**3. Middle Name(s)/initial**
**4. Suffix**
**5. Voter Registration Address**
**6. Apt. or Lot #**
**7. City, State**
**8. Zip Code**

**2. Absentee ballot mailing address (if different from Section #2)**
**3. City, State**
**4. Zip Code**

**SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR:** If your address changes after this is submitted, you must submit a new form.

- [ ] All
- [ ] General
- [ ] Primary
- [ ] Municipal
- [ ] School
- [ ] Any Other

You will receive the Primary Election ballot of your party registration, if one is available. If you are registered as an independent/no party affiliation and are requesting a Primary Election ballot, you may have a choice of the following:

- [ ] Dem or Ind
- [ ] Republican
- [ ] Non-Political (you can only mark one selection)

**4. Daytime telephone number**

If request is for a municipal or school election:

- I have lived in that jurisdiction at least 30 days in the last year. [ ] YES [ ] NO
- I am a full-time student who resided in that jurisdiction prior to leaving. [ ] YES [ ] NO

**5. MILITARY AND OVERSEAS CITIZENS ONLY:**

- [ ] YES [ ] NO - I am a member of the Uniformed Services or Merchant Marine on active duty
- [ ] YES [ ] NO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty
- [ ] YES [ ] NO - I am a U.S. citizen residing outside the United States

If you checked no for all questions, proceed to section #7.

[ ] If you would like your ballot sent electronically (for Primary and General Elections ONLY) instead of first class mail, provide your e-mail address:

**6. E-mail address (MILITARY AND OVERSEAS CITIZENS ONLY):**

**An overseas military, overseas citizen, or state-side military, a spouse or dependent of the same, voter is not required to submit a photocopy of the voter's ID.**

**Any military and overseas voter may submit a signed application for absentee ballot by fax or e-mail.**

An acceptable ID is: A South Dakota driver's license or non-driver ID card, a passport or other picture ID issued by the United States government, a tribal photo ID, or a current student photo ID issued by a South Dakota high school or postsecondary education institution.

- [ ] Copy of photo identification is attached
- [ ] I hereby verify that I am the person named above and these statements made by me on this application are true and correct.

**7. Sworn to me before this ____ day of ____, 20__.**

[ ] Seal

Notary Signature ______________________

Voter’s Signature (required) __________

My commission expires ________________

Voter’s Date of Signing (required): / /

**AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY:** The deadline to request is 3:00 p.m. on Election Day.

As a registered voter, I authorize...

**8. Last Name**
**9. First Name**
**10. Daytime telephone**

**11. Address**
**12. Apt. or Lot #**
**13. City, State**
**14. Zip Code**

...to serve as my authorized messenger to pick up my absentee ballot. I further certify under penalty of law that I am confined because of sickness or disability and for this reason alone am unable to vote at my polling place on Election Day.

Voter’s Signature ______________________

As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on...Date: ________ Time: ________

Are you serving as an authorized messenger for any other voter?

[ ] YES [ ] NO

Authorized Messenger’s Signature ______________________


5:02:10:04. (Effective through November 30, 2020) Instructions to absentee voters. All ballots mailed or delivered to absentee voters shall include instructions that read as follows:

TO THE VOTER:

- Mark your ballot privately.
- (insert a statement regarding whether and how many times the ballot should be folded).
- Place your ballot in the return envelope and seal it securely.
- Complete the statement on the back of the return envelope and (bold) SIGN IT (unbold).
- Mail the ballot (voter must pay for postage to mail the ballot unless the voter is covered under the UOCAVA act), deliver it in person, or have someone deliver it for you to the person in charge of the election. (bold) Do not return absentee ballot to your polling place (unbold).
- The ballot must be received by the person in charge of the election in time to transmit it to your precinct polling place before the polls close on election day.
- Additional information on absentee voting is available at www.sdsos.gov.

Printers Note: Use correct return time designation in sixth bullet point.


General Authority: SDCL 12-1-9(9).

(Effective December 1, 2020) Instructions to absentee voters. All ballots mailed or delivered to absentee voters shall include instructions that read as follows:

TO THE VOTER:

- Mark your ballot privately.
- (insert a statement regarding whether and how many times the ballot should be folded).
- Place your ballot in the return envelope and seal it securely.
- Complete the statement on the back of the return envelope and (bold) SIGN IT (unbold).
- Mail the ballot (voter must pay for postage to mail the ballot unless the voter is covered under the UOCAVA act), deliver it in person, or have someone deliver it for you to the person in charge of the election. (bold) Do not return absentee ballot to your polling place (unbold).
- The estimated cost of returning your envelope via United States Postal Service is (insert estimate).
- The ballot must be received by the person in charge of the election in time to transmit it to your precinct polling place before the polls close on election day.
- Additional information on absentee voting is available at www.sdsos.gov.

Printers Note: Use correct return time designation in sixth bullet point.

General Authority: SDCL 12-1-9(9).

5:02:10:05. (Effective through November 30, 2020) Official return envelope for ballots used in voting. Prior to January 1, 2011, the envelope for sending ballots to voter may follow the specifications provided in this section that were in effect on May 27, 2009.

The official return envelope for the absentee voter’s ballot shall conform to the following specifications except as provided in § 5:02:10:08:

(1) It is the minimum practicable size and weight utilizing a white security or heavy manila envelope;

(2) Blank lines for the return address of the voter are printed in the upper left corner of the face of the envelope;

(3) The words, "OFFICIAL BALLOT TO BE VOTED AT _________ Precinct in __________ County, S.D., at the __________ Election." may be printed in the lower left corner of the face of the envelope;

(4) Between the return address and the postage shall be printed the "medium use" official election mail logo as prescribed by the U.S. Postal Service. There must be a minimum one-quarter inch clear area around the entire logo;

(5) The words, "Place Stamp Here" are printed inside a box in the upper right corner;

(6) The return envelope is addressed to the person in charge of the local election in which the home precinct of the absentee voter is situated;

(7) The return envelope has the following statement printed on its reverse:

STATEMENT OF ABSENTEE VOTER

I, _______________________________, under penalty of impersonating a registered voter (5 years imprisonment and $10,000 fine), state that I am a registered voter in the county and state named on the front of this envelope, and that I have voted the enclosed ballot.

__________________________
(bold) Signature of Voter (unbold)
(8) The words "Must be received by the person in charge of the election by Election Day or the ballot will not be counted." are printed above or below the Statement of Absentee Voter.


**General Authority:** SDCL 12-1-9(8).

**Law Implemented:** SDCL 12-19-4, 12-26-7, 22-6-1.
(Effective December 1, 2020) Official return envelope for ballots used in voting. Prior to January 1, 2011, the envelope for sending ballots to voter may follow the specifications provided in this section that were in effect on May 27, 2009.

The official return envelope for the absentee voter’s ballot shall conform to the following specifications except as provided in § 5:02:10:08:

1. It is the minimum practicable size and weight utilizing a white security or heavy manila envelope;

2. Blank lines for the return address of the voter are printed in the upper left corner of the face of the envelope;

3. The words, "OFFICIAL BALLOT TO BE VOTED AT _________ Precinct in __________ County, S.D., at the _________ Election." may be printed in the lower left corner of the face of the envelope;

4. Between the return address and the postage shall be printed the "medium use" official election mail logo as prescribed by the U.S. Postal Service. There must be a minimum one-quarter inch clear area around the entire logo;

5. The words, "Place Stamp Postage Here" are printed inside a box in the upper right corner;

6. The return envelope is addressed to the person in charge of the local election in which the home precinct of the absentee voter is situated;
(7) The return envelope has the following statement printed on its reverse:

STATEMENT OF ABSENTEE VOTER

I, ______________________________, under penalty of impersonating a registered voter (5 years imprisonment and $10,000 fine), state that I am a registered voter in the county and state named on the front of this envelope, and that I have voted the enclosed ballot.

____________________________
(bold) Signature of Voter (unbold)

and

(8) The words "Must be received by the person in charge of the election by Election Day or the ballot will not be counted." are printed above or below the Statement of Absentee Voter.


General Authority: SDCL 12-1-9(8).

Law Implemented: SDCL 12-19-4, 12-26-7, 22-6-1.