



2008 POLLING PLACE ACCESSIBILITY Waiver Certification

(Complete a Waiver for every Inaccessible Polling Place)

County: _____
Municipality: _____
Polling Address: _____
Building Name: _____
Ward(s) & District(s): _____

We, _____, Chairperson and
_____, Secretary, of full age, do hereby certify
as follows:

1. The undersigned are the Chairperson and the Secretary of the _____
County Board of Election.
2. We have reviewed the attached 2008 Polling Place Accessibility Waiver Request Form
submitted by the Board of Election.
3. On behalf of the Board of Election, the Board staff has surveyed all potential polling places
and based upon the staff's report, the Board of Election has determined that there is no
alternate accessible polling place available.
4. Based upon the Board's staff report, the Board of Election has determined that the polling
place for which it seeks a waiver cannot be made temporarily accessible.

On behalf of the Board of Election, I certify that the foregoing statements made by me are true. I
am aware that if any of the foregoing statements made by me are false, I am subject to penalty.

Dated: _____ Chairperson of the County Board of Election

Dated: _____ Secretary of the County Board of Election



2008 POLLING PLACE ACCESSIBILITY ADDENDUM TO WAIVER

1. State the specific reason(s) why this location has been evaluated as inaccessible?
(Please attach photographs of the polling place.)

2. State specifically the efforts undertaken by the Board of Elections to relocate this polling place to an accessible facility within the district.

3. Assuming a waiver is granted, please specify what measures will be taken by the Board of Elections to accommodate the disabled/elderly voter on election day (e.g., extra poll workers, additional signs indicating assistance to voters, court-ordered curbside voting, etc.).

Signature Title Date