



2010 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 2010 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