State of New Jersey
Department of State
Division of Elections

2024 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.).

Please provide the following information:

County	Print Name
Title	Signature