2020 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.)

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

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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.).

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Please provide the following information:

County ___________________________ Print Name ___________________________

Title ___________________________ Signature ___________________________