POLLING PLACE ACCESSIBILITY REPORT FORM

Refer to N.J.A.C. 15:10-6.8 for Polling Place Accessibility Standards

("Inaccessible" refers to any polling place utilized for Primary, General, Municipal or School Elections which has not been or cannot be made either permanently or temporarily accessible.)

County: ___________________________ Name of Person Completing Survey: ___________________________

Title: ___________________________ Telephone #: ___________________________ Fax #: ___________________________

1. The total number of Polling Places (not election districts) in county: _______

2. The total number of Polling Places to be utilized for any Election that have been found:

   Accessible: _______  Inaccessible: _______

3. Does the county provide public notice of the accessibility or inaccessibility of their polling places? ☐Yes ☐No

   By what methods? ____________________________________________________________

4. Does the county provide public notice that if the polling place of an elderly or a physically disabled voter is inaccessible, he or she may be reassigned, upon request, to an accessible polling place that has a common ballot with the voter’s election district? (Pursuant to N.J.S.A.19:8-3.2)

   ☐Yes ☐No

5. Does the county provide telecommunication devices for the deaf in order to convey registration and voting information? ☐Yes ☐No

   If yes, please list number: ___________________________

   If no, does the county advertise the State “toll free” TTY Telephone Number? (1-800-292-0034) ☐Yes ☐No

6. Does the county provide display voting instructions in large type on Election Day? ☐Yes ☐No

7. Does the county currently have a Voting Accessibility Advisory Committee? ☐Yes ☐No

   If yes, please identify the members of the Committee along with the offices or groups they represent:

   ____________________________________________________________

8. Have inaccessible polling places been reduced from the previous year?

   Number inaccessible in 2020:_________  Number inaccessible in 2021:_________

9. Have you had any specific pre-election inquiries for accommodations by a voter with disabilities? ☐Yes ☐No

   If yes, please describe:

   ____________________________________________________________

   Please note if you were able to meet any special request:

   ____________________________________________________________

Return Completed Reports to:

Office Location: 20 West State Street, 4th Floor
Trenton, NJ 08608

NJ Division of Elections

Mailing Address: P.O. Box 304
Trenton, NJ 08625-0304