



2024 POLLING PLACE ACCESSIBILITY

Report Form Certification

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. The Board of Election has reviewed the 2024 Polling Place Accessibility Checklists submitted to the Board by those individuals designated by the Board to conduct a survey of each polling place in the County, and based upon the information contained in the survey, the Board has determined that those polling places deemed accessible meet the standards mandated by N.J.A.C. 15:10-6.8 for accessibility to elderly and physically disabled voters.

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 willfully false, I am subject to punishment.

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|-------|---|
| _____ | _____ |
| Dated | Chairperson of the County Board of Election |
| _____ | _____ |
| Dated | Secretary of the County Board of Election |