State of New Jersey
Department of State
Division of Elections

2024
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 2024 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 willfully false, I am subject to punishment.

_____ _____
Dated Chairperson of the County Board of Election

_____ _____
Dated Secretary of the County Board of Election