



2009 POLLING PLACE ACCESSIBILITY REPORT FORM

Refer to **N.J.A.C. 13:17-6.8** 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? (1-800-292-0039) 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 2008: _____ Number inaccessible in 2009: _____

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 requests: _____

Return Completed Reports to:

NJ Division of Elections
225 West State Street, 3rd Floor
PO Box 304
Trenton, NJ 08625-0304

(Back Side of this form must be completed)



2009 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 2009 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. 13:17-6.8 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.

Dated: _____ Chairperson of the County Board of Election

Dated: _____ Secretary of the County Board of Election