

Polling Place Accessibility Checklist - Primary Election June 6, 2017

Town: \_\_\_\_\_

Ward: \_\_\_\_\_

District: \_\_\_\_\_

Location Name/Address: \_\_\_\_\_

Prior to the opening of polls at 6:00 am, you must inspect and certify that this polling location provides full ADA accessibility for all voters.

Walk the path of travel to confirm there are no obstructions preventing ADA accessibility. Confirm the following information - if you check NO to any of these questions, please contact your County Board of Elections immediately.

Yes No
[ ] [ ] If off-street parking is available—is there at least one ADA accessible parking space marked with ADA accessible parking signs?

Yes No
[ ] [ ] If off-street parking is available—Is the parking sign marked “van accessible”?

Yes No
[ ] [ ] Is the path of travel to the front door free of any large cracks or holes?

Yes No
[ ] [ ] Is the path of travel from the parking area to the voting area free of any obstructions?

Yes No
[ ] [ ] Is there at least a 6 foot area in front of the sign-in table and the voting machines?

If you checked NO to any of these questions, please provide the name of the person you notified at your County Board of Elections: \_\_\_\_\_

This polling location has been inspected & determined to be in full ADA compliance by your County Board of Elections without temporary modifications. If an unforeseen event creates an ADA inaccessible condition, please contact your Board of Elections immediately.

Election Day Certification

I/we hereby certify that the above identified polling location has been inspected and found compliant for ADA accessibility. No temporary modifications are necessary in this location.

I/we certify that the foregoing statements made by me are true. I/we are aware if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Boardworker Printed Name / Signature

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Boardworker Printed Name / Signature

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Boardworker Printed Name / Signature

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Boardworker Printed Name / Signature

Master Board Worker Verification \_\_\_\_\_