



2019 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 2019 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