

POLLING SITE ACCESSIBILITY SUMMARY

(Please complete both pages of this form)

County: _____

Person Completing Form: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Date Summary Completed: _____

1. Total number of polling sites in county: _____

2. Total number of polling sites **not** surveyed: _____

3. Total number of polling sites found to be **accessible***: _____

4. Total number of polling sites found to be **inaccessible**: _____

NOTE: THE SUM OF #3 AND #4 MUST EQUAL #1

5. Of those polling sites found to be inaccessible, how many will be permanently or temporarily altered?
(Please provide a copy of the Polling Site Checklist for each location) _____

6. Of those polling sites found to be inaccessible, how many will be relocated?
(Please provide a copy of the Polling Site Checklist for each location.) _____

NOTE: THE SUM OF #5 AND #6 MUST EQUAL #4

7. Of those polling sites found to be **inaccessible**, how many are inaccessible due to:

a. Parking _____

b. The route to the building _____

c. The route inside the building _____

d. Doors _____

**Accessible is defined as meeting all the requirements outlined on the polling site accessibility checklist on election day.*

County: _____

INACCESSIBLE SITES

Please complete the following for each location that cannot be made accessible, please identify the barriers to accessibility and the reasons it cannot be made accessible.

Polling Site Name and Address: _____

Precinct No. _____ Type of Building _____

Modifications Needed to Bring Site into Compliance: _____

Polling Site Name and Address: _____

Precinct No. _____ Type of Building _____

Modifications Needed to Bring Site into Compliance: _____

Polling Site Name and Address: _____

Precinct No. _____ Type of Building _____

Modifications Needed to Bring Site into Compliance: _____

Polling Site Name and Address: _____

Precinct No. _____ Type of Building _____

Modifications Needed to Bring Site into Compliance: _____

