

## ADA TRANSITION PLAN OUTLINE

**The transition plan is for correcting the physical obstacles requiring structural changes in the polling site. File one copy with the SBEC and one copy in the office of the county clerk to be made available for public inspection.**

Date \_\_\_\_\_

County \_\_\_\_\_

Polling Site Name, Address, and Precinct # \_\_\_\_\_

Person Completing Form: Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person Responsible for Implementing Plan \_\_\_\_\_

Polling Site Location	ADAAG Standard	Area of Non-Compliance	Action to Correct Deficiency	Projected Date to Start	Projected Completion Date