

EMERGENCY ALTERNATIVE BALLOT APPLICATION

APPLICATION FOR EMERGENCY ALTERNATIVE BALLOT UNDER THE VOTING ACCESSIBILITY FOR THE ELDERLY AND HANDICAPPED ACT

TO THE COUNTY BOARD OF ELECTIONS:

I, the undersigned qualified elector, residing at the residence and in the city, borough or township listed below, to the best of my knowledge, information and belief, declare that I have been assigned to a polling place that the County Board of Elections has determined to be inaccessible to the elderly and individuals with disabilities under standards prescribed by the Secretary of the Commonwealth. Therefore, under the Voting Accessibility for the Elderly and Handicapped Act, I declare that I am entitled to be provided with an alternative means for casting a ballot on the day of the election for reason(s) indicated below:

☐

ELDERLY (65 years of age or older)

☐

HANDICAPPED (Having a temporary or permanent physical disability)

Please describe the nature of your disability:

Signature of Applicant _____

Printed Name of Applicant _____

Residence of Address of Applicant _____

Post Office and Zip Code _____

City, Borough, or Township _____ Ward/District _____

Date of Birth _____

Location of Current Polling Place _____

Telephone Number of Applicant _____

Will you require assistance to complete the Alternative Ballot? **YES** **NO**

(Circle One)