State of Iowa
Temporary Waiver of Accessibility Requirements – Emergency Use

County: _____ Precinct: _____

Proposed Polling Place Name and Address: _____

_____
Street Address City Zip Code

Emergency Use

Due to emergency conditions, no accessible polling place will be available for the precinct listed above for the next election.

1. Describe the emergency conditions. _____

_____

_____

_____

2. Include a copy of the polling place accessibility survey form for the proposed polling place.

3. Date of election you are requesting permission to use the proposed location: _____

Any voters with disabilities who are assigned to this precinct and who are unable to enter the polling place will be provided with ballots delivered to their vehicles by the two election precinct officials selected to assist voters.

I hereby apply for a determination from the State Commissioner of Elections that an inaccessible polling place may be used in this precinct.

Signed: _____, County Auditor and Commissioner of Elections Date: _____