

**APPLICATION FOR 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 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

(Circle One)
YES NO