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Ohio Secretary of State Verification of Accessible Polling Locations

R.C. 3501.29(B)(1)(a), (c) and (d)

This form must be completed and submitted prior to each election.

_____ County Board of Elections

This verification is for the following election (select only one):

Primary Election to be held on (MM/DD/YYYY) _____

General Election to be held on (MM/DD/YYYY) _____

Special Election to be held on (MM/DD/YYYY) _____

Choose One:

☐ I verify that all polling locations within the aforementioned county are accessible to voters with disabilities and in full compliance with the Americans with Disabilities Act and R.C. 3501.29(B)(1)(a), (c) and (d) based upon our findings using the Polling Place Accessibility Checklist issued by the Secretary of State.

☐ The aforementioned county cannot verify at this time that all polling locations are all accessible to voters with disabilities and in full compliance with the Americans with Disabilities Act and R. C. 3501.29(B)(1)(a), (c) and (d) based upon our findings using the Polling Place Accessibility Checklist issued by the Secretary of State. Attached is a plan for compliance.*

_____ _____

Director's Signature Date (MM/DD/YYYY)

_____ _____

Deputy Director's Signature or Board Chairperson's Signature Date (MM/DD/YYYY)

Return this signed verification statement before Election Day to swarren@ohiosos.gov.