

**EMERGENCY 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 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 and the reason for applying after the regular deadline of Tuesday before Election Day:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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

(Circle One)

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

