



Polling Place Survey

The REV UP Campaign would like to know if your polling place is accessible. Providing us information on the accessibility of your polling place may help resolve accessibility issues in the future. If you are interested in filling out this survey, please indicate the county and precinct information. You can also provide your contact information, although it is not required.

Thank you!

State: _____

County: _____

Precinct: _____

Polling place address: _____

Your Name (optional): _____

Your Phone/Email (optional): _____

Parking

- | | | | | |
|----|--|-----|----|-----|
| 1. | Was there at least one accessible parking space? | Yes | No | n/a |
| 2. | Was the accessible space marked by a visible sign (other than on the asphalt)? | Yes | No | n/a |
| 3. | Was the accessible parking area paved? | Yes | No | n/a |

Entrance

- | | | | | |
|----|--|-----|----|-----|
| 4. | Is the walkway from parking to accessible entrance free of steps? | Yes | No | n/a |
| 5. | If there are steps or curbs, are there ramps provided? | Yes | No | n/a |
| 6. | Was there at least one accessible entrance? | Yes | No | n/a |
| 7. | Could you open all doors with a closed fist? | Yes | No | n/a |
| 8. | Were all doors wide enough for a wheelchair to pass through (32 inches)? | Yes | No | n/a |

Voting Area

- | | | | | |
|-----|--|-----|----|-----|
| 9. | Was there at least one accessible voting system provided? | Yes | No | n/a |
| 10. | Were you able to easily use the voting machine's accessibility features? | Yes | No | n/a |

If no, please explain: _____

- | | | | | |
|-----|---|-----|----|-----|
| 11. | Were you able to cast your vote privately and independently? | Yes | No | n/a |
| 12. | Were you asked to show a PHOTO ID instead of/or in addition to a voter registration card? | Yes | No | n/a |
| 13. | If assistance or accommodations were requested, were poll workers helpful? (example: curbside voting, person of assistance, headphones) | Yes | No | n/a |

If no, please explain:

14. If your eligibility to vote was questioned, how did the poll worker handle the situation?

15. What, if any, voter education or training have you received?

16. Any other comments:

PLEASE RETURN THIS SURVEY TO:

Independent Living Resource Center
2709 Art Museum Drive
Jacksonville, Florida 32207
904.399.8484 (voice/TTY)
info@theilrc.org

**If you have questions about your voting rights,
or want to report a violation,**

Visit www.866ourvote.org or call 1-866-OUR-VOTE (1-866-687-8683)