

# UNOFFICIAL VERSION; FOR REFERENCE PURPOSES ONLY

## HAVA - Section 261

### Municipality Grant Form - For Accessible Polling Places



State of New Jersey  
Department of State  
NJ Division of Elections

District Name (or LEADS name): \_\_\_\_\_ County: \_\_\_\_\_  
 Name of Person Completing Form: \_\_\_\_\_  
 Title of Person Completing Form: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### District Itemization of Request

Name of Polling Location: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private				
Full Address: _____				
Proposed Improvement	Product	Quantity	Cost/Unit	Total Cost
				Total Amount _____
Name of Polling Location: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private				
Full Address: _____				
Proposed Improvement	Product	Quantity	Cost/Unit	Total Cost
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				Total Amount _____
Name of Polling Location: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private				
Full Address: _____				
Proposed Improvement	Product	Quantity	Cost/Unit	Total Cost
				Total Amount _____

Total Amount of Municipality Request: \_\_\_\_\_ Signature (person completing form): \_\_\_\_\_ Date: \_\_\_\_\_