

2222 West Braker Lane Austin, Texas 78758 MAIN OFFICE 512.454.4816 TOLL-FREE 800.315.3876 FAX 512.323.0902

HA24 Revised 2015

Polling Place Survey

Disability Rights Texas 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!

| County: | | ty: Precinc | Precinct: | | | |
|---------|-----|---|---------------------|-----|----|-----|
| Pol | lin | g place address: | | | | |
| Nan | ne | e (optional): | | | | |
| | | e/Email (optional): | | | | |
| Par | kir | ng | | | | |
| - | 1. | Was there at least one accessible parking spa | ce? | Yes | No | n/a |
| 2 | 2. | Was the accessible space marked by a visible (other than on the asphalt)? | sign | Yes | No | n/a |
| (| 3. | Was the accessible parking area paved? | | Yes | No | n/a |
| Ent | ra | nce | | | | |
| 4 | 4. | Is the walkway from parking to accessible entr | ance free of steps? | Yes | No | n/a |
| į | 5. | If there are steps or curbs, are there ramps pro | ovided? | Yes | No | n/a |
| 6 | 6. | Was there at least one accessible entrance? | | Yes | No | n/a |
| 7 | 7. | Could you open all doors with a closed fist? | | Yes | No | n/a |
| 8 | 8. | Were all doors wide enough for a wheelchair to (32 inches)? | o pass through | Yes | No | n/a |
| Vot | inę | g Area | | | | |
| Ç | 9. | Was there at least one accessible voting syste | em provided? | Yes | No | n/a |
| - | 10. | . Were you able to easily use the voting machin features? | e's accessibility | Yes | No | n/a |

(continued on next page)

| | If no, please explain: | | | | | | | |
|----|---|-----|----|-----|--|--|--|--|
| 1. | Were you able to cast your vote privately and independently? | Yes | No | n/a | | | | |
| | Were you asked to show a PHOTO ID instead of/or in addition to a voter registration card? | Yes | No | n/a | | | | |
| | 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: | | | | | | | |
| | | | | | | | | |
| 4. | If you eligibility to vote was questioned, how did the poll worker handle the situation? | | | | | | | |
| 5. | What, if any, voter education or training have you received? | | | | | | | |
| | | | | | | | | |
| 6. | Any other comments: | | | | | | | |
| | | | | | | | | |

Please return this survey to:

HAVA Training and Technical Support Specialist 2222 West Braker Lane Austin, TX 78758

Or email scanned attachment to wote@disabilityrightstx.org
Or fax to: 512-323-0902

If you have questions about your voting rights, or want to report a violation, contact us on our VOTING RIGHTS HOTLINE: 1-888-796-VOTE (8683)