SB 423 WAIVER REQUEST FORM
NOVEMBER 3, 2020 GENERAL ELECTION

This Waiver Request Form must be completed by county elections officials seeking to adjust or partially waive the 1) minimally required number, 2) location, and/or 3) operational duration of their vote centers or consolidated polling places, or their ballot drop-off locations. Please complete and email a copy of this form with required attachments to the following address: 2020ElectionsResponse@sos.ca.gov.

County Name	
Contact Name	
Contact Phone	
Contact Email	
Date of Request	
How many locations are you required to have?	
How many locations have you secured?	
For how many locations are you currently seeking a waiver?	

Before your waiver request can be considered, the following must be provided to the Secretary of State's office:

Copy of your county's final plan analyzing the impact of this waiver request on your in-person voting needs, as detailed pursuant to California Elections Code section 1604(a)(2). Overall, this final plan must address how your proposed levels of in-person voting are designed to provide the following: a) safely accommodate the anticipated demand for voting services; b) detailed efforts to secure the otherwise required number of voting locations; c) how you will prevent a disparate impact on any protected class of voters with respect to availability of voting locations and machines as well as language accessibility, including, but not limited to, the needs of disabled voters and individuals who do not have a history of voting by mail.

This waiver request applies to (please choose one and provide the location address, region, or area affected):

     Vote Center:

     Consolidated Polling Place:

     Ballot Drop-off Location:

This waiver request seeks to (please choose one):

- ☐ Decrease the number of voting locations.
- ☐ Adjust a location's day or hours of operation.

Please specify the following information regarding the voting location, region, or area(s) for which you are seeking a waiver:

1. Describe and include a map of the neighborhoods, cities, unincorporated areas, and regions impacted by this waiver request.

2. Reason(s) for this waiver request.

3. Please provide the locations you have contacted and were denied, including addresses, phone numbers and emails.

4. What is the square footage needed for your ideal location?

5. Miles to the next nearest voting or ballot drop-off location(s).

Thank you for your submission. The Secretary of State's office (SOS) will review the information provided and may request additional follow up. As part of its review, the SOS may also contact you to provide assistance with seeking locations before making its determination.

To be Completed by SOS:

Waiver has been denied.

Waiver has been approved.

Waiver has been approved with the following modifications:

Date:

SOS Contact Name: