



**CALIFORNIA GUBERNATORIAL RECALL ELECTION
 SEPTEMBER 14, 2021,
 SECTION 1604 WAIVER REQUEST FORM**

County elections officials conducting their elections pursuant to Methods #3 and #4 may seek to adjust or partially waive the minimally required number, location, and/or operational duration of their “VCA-like” consolidated polling places or their ballot drop-off locations as described in Section 1602. (Elec. Code, § 1604(a)) County elections officials conducting their elections pursuant to Method #5 may seek to partially waive the provisions regarding the maximum number of voters in a precinct as required by Section 12223. (Elec. Code, § 1604(a))

For descriptions of Methods #3, #4, and #5, [please review the guidance document](#). Additional [information and updates for the recall](#) can be found on the SOS website.

Please complete and email this Waiver Request Form with required attachments to the following address: 2021RecallWaiverRequest@sos.ca.gov. If you have questions or need assistance, please contact Mike Somers at (916) 695-1563 or msomers@sos.ca.gov

Date of Request	
County Name	
Contact Name	
Contact Phone	
Contact Email	
Waiver Request Form – Select all that apply	
1) “VCA-like” consolidated polling place Number Location Operational duration 2) Ballot drop-off location Number Location Operational duration 3) Precinct consolidation Consolidation Waiver [Maximum number of voters in a precinct not to exceed 3,000]	



SHIRLEY N. WEBER, Ph.D. | SECRETARY OF STATE | STATE OF CALIFORNIA
ELECTIONS DIVISION

1500 11th Street, 5th Floor, Sacramento, CA 95814 | Tel 916.657.2166 | Fax 916.653.3214 | www.sos.ca.gov

Additional Information Required for Waiver Request

To complete your waiver request please fill out a separate document that addresses the questions detailed below. You need only address the questions relevant to the kind of waiver being requested.

Please add this documentation as an attachment to your Waiver Request Form.

For all waiver requests, please provide your county’s plan analyzing the impact of this waiver request on your in-person voting needs, as detailed pursuant to California Elections Code section 1604(b). Overall, this final plan must address how your proposed levels of in-person voting are designed to provide the following:

- a) Detailed efforts to secure the otherwise required number of voting locations;
- b) How you will prevent a negative 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; and
- c) That the plan will not reduce in-person voting locations below a number of locations necessary to safely and efficiently accommodate the anticipated demand for in-person voting services.

* “Protected class” means a class of voters who are members of a race, color, or language minority group, as referenced and defined in the federal Voting Rights Act of 1965 (52 U.S.C. Sec. 10101 et seq.).

If you are requesting a waiver for the number of “VCA-like” consolidated polling places:

How many locations are you required to have?
How many locations have you secured?
For how many locations are you currently seeking a waiver?

If you are requesting a waiver for the location of “VCA-like” consolidated polling places:

Where are polling places required to be located?
Where do you want them to be located?
For how many locations are you currently seeking a waiver?

If you are requesting a waiver for the operational duration of “VCA-like” consolidated polling places:

How are you seeking to change what is required?
For what time period?

If you are requesting a waiver for the number of ballot drop-off locations:

How many locations are you required to have?
How many locations have you secured?
For how many locations are you currently seeking a waiver?



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If you are requesting a waiver for the location of ballot drop-off locations:

Where are the drop-offs required to be located?

Where do you want them to be located?

For how many drop-off locations are you currently seeking a waiver?

If you are requesting a waiver for the operational duration of ballot drop-off locations:

How are you seeking to change what is required?

For what dates?

If you are seeking a waiver for precinct consolidation:

How many precincts are you attempting to consolidate?

Thank you for your submission. The Secretary of State's office (SOS) will review the information provided and may request additional information. As part of the review, SOS staff may also contact you to offer additional assistance before making a waiver determination.

To be completed by SOS:

Waiver has been approved.

Waiver has been denied.

Waiver has been approved with the following modifications:

Date Request Received:

Date Decision Transmitted:

SOS Staff Contact Information

Name:

Email:

Phone: