



HHS Polling Location Accessibility Equipment Disposal Form

The Ohio Secretary of State's Office has adopted a policy regarding the permanent transfer, temporary transfer, and disposal of accessibility equipment paid for by Health and Human Services Grant funds for polling location accessibility. This form is to be used for the proper **disposal** of accessibility equipment.



The _____ County Board of Elections has accessibility equipment that is no longer in working condition due to weatherization or damage and will therefore **dispose** of the equipment in accordance with the aforementioned policy listed below as of this _____ day of _____, 20_____.

Please list the quantity of equipment, a brief description of the equipment and the reason(s) for disposal of the equipment.

Quantity	Description of Item	Reason(s) for Disposal

If you need more space, please attach a list of items, quantity and the reason(s) for disposal.

The County Board of Elections shall maintain accurate records of all equipment disposed of in the event of relevant audits, claims, litigation, negotiations or other proceedings regarding the **disposal** of accessibility equipment originally purchased with Health and Human Services grant funding.

BOE Director's Signature

Date

BOE Board Chair's Signature

Date

----- **SOS USE ONLY** -----

The Secretary of State's office has approved the disposal of the above list of accessibility equipment.

ADA Coordinator's Signature of Approval

Date