

CENSUS BLOCK REPRECINCTING WAIVER FORM

The _____ County Board of Elections respectfully requests that the Secretary of State waive the ORC 3501.18 (B) (1) requirement to draw precinct boundaries using U.S. Census Bureau geographical units for the precinct(s) listed below for the reasons(s) indicated.

Waiver Request Number: _____ **Municipal Corp./Township:** _____

Precinct(s) Involved: _____

Reason for Request to split a Census Block into two or more precincts. (Please check one or more below.)

- 1. _____ Without splitting a Census Block the precinct will contain more than 1,400 registered voters.
- 2. _____ Without splitting a Census Block the resulting precinct would contain less than 1,400 but more than _____ registered voters and is expected to increase beyond the 1,400 threshold.
- 3. _____ Without splitting a Census Block, the "continuity" of a neighborhood would be compromised. (E.g. An isolated suburban residential development that is a single precinct and following census boundaries would segregate selected residents by placing them into another precinct)
- 4. _____ The boundary between the school districts listed below passes through the Census Block and it is important to retain precinct boundaries that coincide with school district boundaries.

School Districts that share a Census Block: 1) _____
2) _____
- 5. _____ The Census Block is extensive in geographic size and/or is elongated in shape. The Census Block must be split into two or more precincts to prevent unusual hardships for voters in travel to voting locations.
- 6. _____ Other (Please explain in detail on attached document)

Map number _____ is attached, showing the relevant, existing *and* proposed precinct boundaries, and census block(s) boundaries indicating proposed split(s).

Please attach any relevant documentation that may assist in reviewing this request including voter registration totals for the relevant current precincts and the proposed precincts.

➤ **Contact information** for further clarification:

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____

➤ **Submitted by:**

Printed Name _____ Title _____

Signed _____ Date _____

➤ **Please send** this request (including maps and relevant documentation) by one of the following methods to:

Ohio Secretary of State's Office
Attn: Patricia Wolfe, Elections Administrator
Email: pwolfe@ohiosecretaryofstate.gov, or
U.S. Mail: P.O. Box 2828, Columbus, OH 43216