

Polling Place Accessibility Supplies

Wisconsin Government Accountability Board

County: _____

Municipality: _____

Clerk Name: _____

Shipping Address*: _____

*Please no P.O. Boxes

Indicate the Quantity Needed in the Table Below

Address is a:

Business/Municipal Building

Private Residence

	Item	# Needed
	Van-Accessible sign 6" x 12"	
	Window Decal 6" x 6"	
	Signature Guide 5" x 8" total. Typoscope cutout 5/8" x 6" Signature cutout 1/2" x 2 1/2 "	
	Signature Guide 2.12"x3.37" total Credit Card sized	
	Page Magnifier 7" x 10"	