## **Accessible Voting Equipment Funding Application**

This application is to be used for the reimbursement of an accessible voting system component in order to meet accessibility requirements outlined in HAVA Section 301. A separate request is required for each polling place.

in required for each	pointing place.			
Please Print or Type				
	SECTION I. Poll	ng Place Descript	on Market	
1. HINDI Number	2. County		and type of Municip	ality
41251	MILWAUK	EF M	ILWAUKEE	
4. Name and Physical Add		check one:	TownVillage	<u>、</u> City
				5. Today's Date
SEE ATTACHED LIST OF				12/15/06
6. Name of Clerk		7. Mailing Address of Clerk		
SUSAN M. E	FUMAN 200 E	WELLS ST.	MILW., WI	53233
8. Phone Number of Clerk		9. Fax Number of Clerk 10. E-Mail Add		
(414) 286-611	·	414 286-8445 sed man@milwavkee.go		
11. Name of Presiding Mur	nicipal 12. Mailing	Address of Presidin	g Municipal Officer	v v
Officer TOM BARRETT 200 E. WELLS ST MILW., WI 5323:				53233
13. Phone Number of Pres Municipal Officer	iding 14. Fax Nui Municipal C	Number of Presiding 15. E-Mail Add data Officer Municipal Officer		ss of Presiding
(414) 286-220	00 (414) 2	86 - 3191	1	
SECT	ION II. Description of I	Equipment/Service	s to be Purchased	
16. Provide a brief descript a. 408 6.5+5. A	ion of the accessible voti	ng equipment and/o	r,related services to	be purchased.
b. 208 Auto Ma	ek tables wishield	ssist Termina	ls.	
C. MY GATTONE	Warrants on a	08 machines		
4. OU EARITIMA	flashcards oftware + Train			
a provincia de la companya de la co			lan Blan	n Nacional actions and an expension of the contract of the con
17. What improvement(s) w	SECTION III. Acce	sasible voting ays	tem Plan	
Complete this section on a	separate piece of paper.	See sample format	on page three.	
17-a. Provide a listing of all	components of any votin	g system ordered ar	nd any services to b	e provided by the
A OLIGO: TO MOU GO GIT HOTHING	iu list of all associated co	ISIS		
17-b. Describe all accessible	e materiale or aquinment	to be nurchased in	cluding any hardwa	re, software
Marammina continae at ma	internals of equipment	to be purchased, in		· -,
area area in the services of the	intenance contracts.			
17-c. Provide a price quote o	intenance contracts. If other order summary fr	om the vendor which	h liete all annlicable	costs
17-c. Provide a price quote o	intenance contracts.  or other order summary from the process used to acquire.	om the vendor which	h liete all annlicable	costs
17-c. Provide a price quote o	intenance contracts. If other order summary free to acquest process used to acquest.	om the vendor which	h lists all applicable quipment, services	costs
programming services or ma 17-c. Provide a price quote of 17-d. Describe the procurem 18. Clerk Signature and date Submit this document wit	or other order summary from the process used to acq	om the vendor which uire any systems, ed	h lists all applicable quipment, services on ng Municipal Officer	costs. or.

P.O. Box 2973 Madison, WI 53701