



Lycoming County Accessibility Issue Reporting Form

1. Contact Information

First Name

Last Name

Email

Phone

Address

City, State, Zip Code

2. Location and Date of Incident

Name of Polling Place Facility

Address

City, State, Zip Code

Date Incident Occurred

3. Personal Description

In your own words, use the space below to describe what happened. Please include details such as date, time, and names of people involved, including witnesses if any. Attach additional pages if necessary.

4. How to Submit This Form

U.S. Mail

Lycoming County Board of Elections
ATTN: ADA Coordinator
48 W 3rd St
Williamsport, PA 17701

Email

ADACoordinator@lyco.org

Fax

(570) 320-2117