



**DUTCHESS COUNTY BOARD of ELECTIONS**  
**112 Delafield St, Ste 200, Poughkeepsie, New York 12601**  
**845-486-2473/845-486-2483 fax**  
**elections.dutchessny.gov**

## **Voting Machine Release Instructions**

For the acquisition and subsequent return of DC BOE election machines, please complete the **Voting Machine Release Form** and fax or mail to the DC BOE. Please complete the **Ballot Design Form** as soon as the information is available.

### **Instructions:**

1. Determine the **poll sites**. Every precaution must be taken to ensure the security of the voting system and all of its components. Polling places should be in locked buildings or locations that are capable of maintaining secure storage of voting equipment.
2. Hire DC BOE certified, trained machine **poll inspectors**. A list of certified inspectors will be supplied by the DC BOE.
3. Hire DC BOE certified, trained **Voting Machine Technician (VMT)**. A list of certified **VMTs** will be supplied by the DC BOE.
4. Complete the **Voting Machine Release Form** and fax or email it to the DC BOE, attention “*Machine Coordinator.*”
5. Retain print vendor from list of DC BOE approved print vendors. You will be responsible for purchase of the ballots.
6. Retain approved transportation vendor. You will be responsible for cost of transportation.
7. Complete the **Ballot Design Form** and submit. School District must email machine-readable text of candidates, races, propositions, etc. to the DC BOE. We will contact you to approve each stage of the programming as we proceed. Please make sure that your ballot explains how many board candidates to vote for and the propositions are clearly worded. Also please order the appropriate number of **test ballots** from the printer and have them sent to the Board of Elections office at 112 Delafield St., Ste 200, Poughkeepsie, N.Y. 12601
8. When all stages are complete and approved, we will send approved ballot style to the printer.
9. Complete the **Transport Manifest** upon acceptance of machine from the transportation company and upon release of machine back to the transportation company. The machine will be returned with all its packing materials including accessories and keys. Voting machines should remain locked and stored in a secure location when not in use.

Thank you for taking the time to review these instructions. The DC BOE is willing to help with all aspects of this process – please do not hesitate to call for further assistance.

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**Ballot marking pens** will be provided. These must be used on Election Day and returned with voting machine.

### **Vendor List:**

Ballot Printing - Phoenix Graphics 585-232-4040 or Fort Orange Press 518-489-3233

Transportation - Arnoff Moving and Storage 845-471-1504

**Hourly Rate** for Programming, Testing, and Preparation of voting systems:  
\$49.94 per staff member hour



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**Voting Machine Release Form**

Please complete the following information and send to DC BOE.  
Email to [Tmalet@dutchessny.gov](mailto:Tmalet@dutchessny.gov) and [Jwimmers@dutchessny.gov](mailto:Jwimmers@dutchessny.gov)

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| School District:<br><br>Address:                                                                                                                                                                                                                                                                                                                                    | Contact Name:<br><br>Phone Number:                                                                  |                                    |
| Date of Election:                                                                                                                                                                                                                                                                                                                                                   | Number of Machines Requested:                                                                       | Number of Voting Booths Requested: |
| Date of transportation of machines to and from your poll site (s) will be determined by the DC BOE.                                                                                                                                                                                                                                                                 | Day of public testing will be determined by the DC BOE.                                             |                                    |
| Provide contact information of VMT:<br>Name:<br><br>Cell phone:                                                                                                                                                                                                                                                                                                     | <b>General Liability Insurance:</b> Please provide proof in the form of a Certificate of Insurance. |                                    |
| Provide a list of Poll Sites, addresses, names and contact information for poll workers assigned to each site:<br>(Please attach a separate sheet)                                                                                                                                                                                                                  |                                                                                                     |                                    |
| Special requests/Notes:                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                    |
| <b>Signature of Authorized Personnel:</b> _____<br><br><b>Name:</b> _____ <b>Title:</b> _____                                                                                                                                                                                                                                                                       |                                                                                                     |                                    |
| The election machines in the possession of the DC BOE are maintained and released in good working order. The DC BOE expects the machines to be returned in the same condition. Your signature here means you take responsibility for returning the machine in the same condition as when it was sent out. Your organization is liable for all repairs/replacements. |                                                                                                     |                                    |



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**Ballot Design Form**

Please send the following information in a machine-readable format (pdf/doc) to DC BOE.  
 Email to [Tmalet@dutchessny.gov](mailto:Tmalet@dutchessny.gov) and [Jwimmers@dutchessny.gov](mailto:Jwimmers@dutchessny.gov)

**Entity:** \_\_\_\_\_

|                      |                     |
|----------------------|---------------------|
| <b>Office/ Term:</b> | <b>Candidate:</b>   |
|                      | <b>Candidate:</b>   |
|                      | <b>Candidate:</b>   |
|                      | <b>Candidate:</b>   |
|                      | <b>Candidate:</b>   |
|                      | <b>Candidate:</b>   |
| <b>Proposition:</b>  | <b>Proposition:</b> |

**Signature of Authorized Personnel:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_