IN-PERSON
VOTER REGISTRATION FORMS

NOTE
ATTACH SEPARATE SHEETS TO FORMS ACCEPTED THROUGH DIFFERENT PROGRAMS.
SAME ENVELOPE MAY BE USED

PACKING SLIP

Agency Program: (check ONLY one)
☐ DHS
☐ WIC
☐ BHDDH

☐ HealthSource RI
☐ OTHER (specify)______________________________

Site: _______________________________________

Address: ___________________________________

Date Mailed or Delivered: _______________________

# Of Completed Voter Registration Forms Attached

Site Coordinator: ______________________________

Phone Number: ______________________________

Mail to:
Voter Registration Coordinator
Rhode Island Board of Elections
50 Branch Avenue
Providence, R.I. 02904

Note: This packing slip is only for voter registration forms your clients completed in-person at your agency. Under federal law and state regulations, voter registration forms completed on-site are processed differently than forms submitted to the state by-mail. Attach this packing slip to forms that were completed and signed in-person at your agency. Thank you.