State of Rhode Island Board of Elections

Time Stamp

Official use only

File at: RI Board of Elections, 2000 Plainfield Pike, Suite A, Cranston, RI 02921.

Please select one: ☐ Elections ☐ Campaign Finance

ENTRY OF APPEARANCE

I hereby enter my appearance for the following party:

Full Name of Party:_____ Date:_____

Party Role: ☐ Petitioner/Complainant ☐ Respondent ☐ Other:_____

ATTORNEY INFORMATION

Attorney Name:_____ Rhode Island Bar Number_____

Address:_____ City/Town:_____ State:____ Zip Code:_____

Tel (Day):_____ Tel (Evening): _____ Email: _____

PARTY INFORMATION

Full Name:_____ Tel (Day):_____ Tel (Evening):_____ Email: _____

Address:_____ City/Town:_____ State:____ Zip Code:_____

CASE/MATTER INFORMATION

Case/Matter Name:_____

_____

_____

CERTIFICATION AND SIGNATURE

I certify that I am authorized to appear on behalf of the party named above and that all information provided is true and accurate.

_____ _____

Signature Date