

VOTER REGISTRATION FORMS RECEIVED AT THE SITE BY MAIL

NOTE
ATTACH SEPARATE SHEETS TO
FORMS ACCEPTED THROUGH
DIFFERENT PROGRAMS.

PACKING SLIP

SAME ENVELOPE MAY BE USED

Agency:
(check ONLY one)

DHS

WIC

BHDDH

HealthSource RI

OTHER (specify) _____

Site: _____

Address: _____

Date Mailed or Delivered: _____

Of Completed Voter Registration Forms Attached

Agency Representative: _____

Agency Rep. Phone Number: _____

Mail to:
Voter Registration Coordinator
Rhode Island Board of Elections
2000 Plainfield Pike
Cranston, R.I. 02921

Note: This packing slip is for voter registration forms your clients completed and *mailed* to you. Under federal law and state regulations, a voter registration form submitted to the state by mail must be processed differently than forms completed in-person and on-site. Attach this packing slip to any group of forms falling under these criteria that you submit. Thank you.