

**STATE OF RHODE ISLAND
AGENCY-BASED VOTER REGISTRATION**

SITE MONTHLY ACTIVITY REPORT

* Site Coordinator must also complete the back of this form*

Site: _____		MONTH _____ <small>MONTH & YEAR</small>	
Number of Persons Applying/Reapplying for Services/Assistance, Change of Address	Number of Persons Registering to Vote (YES)	Number of Persons Who Declined To Register to Vote On-Site.	
		NO	FORM MAILED TO CLIENT
<u>SITE COORDINATOR CERTIFICATION</u>			
I hereby certify that I am this site's authorized voter registration coordinator, and I have truthfully and accurately completed this form* in conformance with the provisions of the National Voter Registration Act of 1993 (NVRA), based on information I have received from our listed registration agents.			
Site Coordinator Print Name: _____		Date: _____	
Organization and Address: _____		Phone: _____	
E-mail _____		SIGNATURE: _____	

Submit this form to your assigned agency coordinator at the following state agencies:

- RI Department of Behavioral Healthcare, Development and Hospitals
- RI Department of Health WIC Program
- RI Department of Human Services
- RI Office of Rehabilitative Services
- Health Source RI
- RI Office of Health and Human Services
- RI Department of Corrections

If you are unsure who your assigned agency coordinator is, contact Gerry Bedrick at the RI Office of Health and Human Services at (401) 462-2387

