Rhode Island

Traffic Tribunal

ID CONTRACTOR

## AND PROVIDENCE PLANTATIONS

670 New London Avenue Cranston, Rhode Island 02920-3081 (401) 275-2700

## **PROOF OF SERVICE FORM**

FOR CASE NUMBER (OR SUMMONS NUMBER):	
COURT DATE:	
I hereby certify that on	I served a certified copy of the APPEAL FORM to:
( ) Department of the ATTORNEY (	GENERAL (for Breathalyzer Cases Only)
( ) POLICE DEPARTMENT (For T	raffic Tribunal or Municipal Court Appeals)
( ) REGISTRY OF MOTOR VEHICLES (For Safety Responsibility Appeals)	
Appellant's Name Signature	
Serve B	By:
ACKNOWLI	EDGMENT OF SERVICE
On I acknowledg PETITION FOR REVIEW OF AGENCY	ge receipt of service of the CERTIFIED COPY of the Y DECISION.
Signature	 Date