

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.