

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

**MONTHLY ACTIVITY REPORT**

**Voter Registration Coordinator**

If you are a site coordinator in DHS, WIC, BHDDH (or a private entity contracted with BHDDH), or ORS you

Agency/Location: _____		Reporting Period : _____ to _____ <small>Reporting period BEGINS 26<sup>th</sup> day of each month and ENDS 25<sup>th</sup> day of following the month.</small>		
Number of Persons Applying/Reapplying for Services/Assistance, Change of Address	Number of Persons Registering to Vote <b>YES*</b>	Number or Persons Who Declined To Register to Vote On-Site.		
		<b>NO</b>	Forms Mailed to Clients	Completed Voter Registration Forms Received in the Mail**

\* Must include only voter registration forms completed in-person and submitted to agency personnel at the site.  
 \*\*Due to current federal law and state regulations, any completed voter registration forms returned to the agency in the mail must be included in this column. Do not include in the "YES" column or any other column.

**AGENT CERTIFICATION**

I hereby certify that I am this agency'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.

Agency/Site Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

**If you are a site coordinator in DHS, BHDDH (or a contracted BHDDH agency), WIC, or ORS, you must forward this form to your agency coordinator in your respective agency. If you are unsure who your agency coordinator is, contact Gerry Bedrick at the Executive Office of Health and Human Services at (401) 462-2387 or [gbedrick@ohhs.ri.gov](mailto:gbedrick@ohhs.ri.gov)**

**All other state agencies (i.e. Dept. of Corrections) and private organizations in the program must forward this report to: Agency Coordinator, Board of Elections, 50 Branch Ave, Providence, RI 02904. Direct any questions regarding this form to [squirk@elections.ri.gov](mailto:squirk@elections.ri.gov)**

