STATE OF RHODE ISLAND
AGENCY-BASED VOTER REGISTRATION

MONTHLY ACTIVITY REPORT

Agency:_____			Month:_____
Number of Persons Applying for Services/Assistance Change of Address	Number of Persons Registering to Vote	Number or Persons Who Declined To Register to Vote and Registration Agent Indicated	
		REFUSED	RETAINED

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.

Registration Coordinator:_____ Date:_____

Address:_____ Phone:_____

SIGNATURE:_____

Signed and sworn before me this _____ day of _____ 20_____

NOTARY PUBLIC:_____

*** Registration Coordinator must complete the back of this form***

Voter Registration Coordinator
Rhode Island Board of Elections
50 Branch Avenue
Providence, R.I. 02904

This form must be transmitted to the Board of Elections within 10 days from the last day of the preceding month

Registration Agent	Number of Persons Applying for Services/Assistance Change of Address	Number of Persons Registering to Vote	Number of Persons Who Declined to Register to Vote and Registration Agent Indicated	
			REFUSED	RETAINED