

# VOTER REGISTRATION FORMS RECEIVED AT THE SITE BY MAIL

## PACKING SLIP

Agency:  DHS       WIC       BHDDH  
(check one)

OTHER (specify) \_\_\_\_\_

Site: \_\_\_\_\_

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

Date Mailed or Delivered: \_\_\_\_\_

# Of Completed Voter Registration Forms Attached

Agency Representative: \_\_\_\_\_

Agency Rep. Phone Number: \_\_\_\_\_

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

**Note:** This packing slip is for voter registration forms your clients completed and mailed to you. Under federal law and state regulations, a voter registration form submitted to the state by mail must be processed differently than forms completed in-person and on-site. Attach this packing slip to any group of forms falling under these criteria that you submit. Thank you.